APPLICATION FOR EMPLOYMENT



Date_		

PERSONAL INFORMATION

☐ Mr.☐ Mrs.☐ Ms First Name	M.I Last Name	
Soc. Security No	Date of Birth	Age
Address		
City	State Zip	
Home Phone ()	Mobile ()	
Are you a U.S. Citizen? ☐ Yes ☐ No		
Do you have an physical, mental, or sensory limitations	s or disabilities? 🖵 Yes 🖵 No	
If yes, please describe:		
Do you have a driver's license?	ver's Licence Number:	
Have you ever been convicted of or pled no contest to	o a felony? 🔲 Yes 🖵 No	
If yes, please describe:		
EMPLOYMENT INFORMATION		
Position Desired: Parl time Part time Dat	te Available:	
Days Available to Work: ☐ Sun. ☐ Mon. ☐ Tues. ☐ We	ed. 🗆 Thur. 🗅 Fri. 🗅 Sat.	
Hours Available to Work: Weekdays fromt	to to to _	·
Are you currently employed? 🗖 Yes 🗖 No 🗆 If so, whe	ere?	
If yes, may we inquire of your present employer?	s 🗖 No	
EMPLOYMENT HISTORY		
Have you ever worked in a coffee shop or restaurant be	efore? 🗆 Yes 🗅 No 🔝 If so, where?	
Have you ever been fired or forced to resign from a job	o? □Yes □No	
If yes, please state the name of the organization:		

(over)

EMPLOYMENT HISTORY (Cont.)

Previous or Last Position:

Employer:Ad	ddress:
Manager / Supervisor	Phone:
Position Title:	From: To:
Responsibilities:	Salary:
Reason For Leaving:	
Previous Position:	
Employer:Ad	ddress:
Manager / Supervisor	Phone:
Position Title:	From:To:
Responsibilities:	Salary:
Reason For Leaving:	
EDUCATION	
High School:	
	☐ Yes ☐ No If yes, when do you expect to graduate?
·	Tres The in yes, internal year expect to graduate.
,	
Graduated? • Yes • No Are you still enrolled? •	☐ Yes ☐ No If yes, when do you expect to graduate?
EMERGENCY INFORMATION	
In case of emergency notify: Name:	
	Mobile ()
Relationship to you:	
	this application is true to the best of my knowledge.
i authorize Fusion Correenouse, Inc., to investigate	any and all statements contained in this application.
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