



Today's Date: _____ **APPLICATION FOR EMPLOYMENT**

Name: _____ D.O.B.: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Desired Position: _____ Expected Pay Rate: _____

Available Start Date: _____ End Date: _____

Can you work register? _____ Can you count change? _____

Are you good with children? _____ Are you friendly with customers? _____

Can you physically lift and move boxes/stock? _____ Can you stand on your feet all day? _____

Do you have transportation to work? _____

Have you been convicted of a crime? _____ Would you pass a random drug test? _____

Days you can work (circle): Sun Mon Tues Wed Thur Fri Sat

Times of the day you can work? _____ Are there any times you CANNOT work? _____

Why do you want to work at Shell We Bounce? _____

List below, beginning with most recent, all present and past employment:

1. Company:	From:	To:
Name of Supervisor:	Phone #:	Reason for leaving:
2. Company:	From:	To:
Name of Supervisor:	Phone #:	Reason for leaving:
3. Company:	From:	To:
Name of Supervisor:	Phone #:	Reason for leaving:

Personal References (please do not list family members):

Name:	Relationship:	Phone Number:
1		
2		
3		

Office Notes only: