



## Employment Application

<b>Date:</b>		<b>Location:</b>									
Applicant Information											
<b>Full Name:</b>		Last:				First:				M.I.	
<b>Address:</b>		Street:						Apt/Unit#:			
City:			State:		Zip:		E-mail Address:				
Home Phone: ( )			Cell Phone: ( )			Date Available to Start:					
Position Applying for:		<input type="checkbox"/> Prep		<input type="checkbox"/> General Employee		<input type="checkbox"/> Shift Manager		<input type="checkbox"/> Assistant Manager		<input type="checkbox"/> Store Manager	
(check applicable)		<input type="checkbox"/> Other (Please describe):									
<input type="checkbox"/> Part time		<input type="checkbox"/> Full time		<input type="checkbox"/> Either Full time or Part time		<input type="checkbox"/> Seasonal/Temporary		Number of hours per week you are available:			
<b>Please list availability below</b>											
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>				
<b>From:</b>											
<b>To:</b>											
Special requests or needs for a work schedule?						How much would you like to be paid:					
If applying for general employee position, are you willing to deliver?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If willing to deliver, do you have transportation? What kind (ex: bike, car):			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid driver's license? (required for delivery)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have auto insurance? (required for delivery)			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you legally able to work in the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for Snarf's? If Yes, when and where?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:						
Education											
<b>School Name:</b>				City:				State:			
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Major:			
<b>Other:</b>				City:				State:			
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Major:			
Are you currently a student?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?						
References											
<i>Please list at least two professional references; personal references may not include immediate family.</i>											
<b>Full Name:</b>				Relationship:				How long have you known them?:			
Company:			Phone: ( )			E-mail:					
<b>Full Name:</b>				Relationship:				How long have you known them?:			
Company:			Phone: ( )			E-mail:					
<b>Full Name:</b>				Relationship:				How long have you known them?:			
Company:			Phone: ( )			E-mail:					

**Previous Employment**

*Please attach resume, if applicable.*

<b>Company:</b>					<b>Supervisor:</b>		
<b>Address:</b>	<i>Street:</i>			<i>City:</i>		<i>State:</i>	<i>Zip:</i>
<b>Phone:</b>	(    )		<b>E-mail:</b>				
<b>Job Title:</b>				<b>Starting Salary:</b>	<b>\$</b>	<b>Ending Salary:</b>	<b>\$</b>
<b>Start Date:</b>			<b>End Date:</b>			<b>Reason for Leaving:</b>	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Responsibilities:</b>				

<b>Company:</b>					<b>Supervisor:</b>		
<b>Address:</b>	<i>Street:</i>			<i>City:</i>		<i>State:</i>	<i>Zip:</i>
<b>Phone:</b>	(    )		<b>E-mail:</b>				
<b>Job Title:</b>				<b>Starting Salary:</b>	<b>\$</b>	<b>Ending Salary:</b>	<b>\$</b>
<b>Start Date:</b>			<b>End Date:</b>			<b>Reason for Leaving:</b>	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Responsibilities:</b>				

<b>Company:</b>					<b>Supervisor:</b>		
<b>Address:</b>	<i>Street:</i>			<i>City:</i>		<i>State:</i>	<i>Zip:</i>
<b>Phone:</b>	(    )		<b>E-mail:</b>				
<b>Job Title:</b>				<b>Starting Salary:</b>	<b>\$</b>	<b>Ending Salary:</b>	<b>\$</b>
<b>Start Date:</b>			<b>End Date:</b>			<b>Reason for Leaving:</b>	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Responsibilities:</b>				

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I also understand that false or misleading information in my application or interview may result in my release.*

<b>Print Name:</b>						
<b>Signature:</b>					<b>Date:</b>	