

The Bustle

Bridal Boutique & Salon



Note: Providing false information on an employment application can lead to both criminal and civil penalties. It is grounds for dismissal and denial of unemployment benefits.

Employment Application

Application Date: _____

Position Applied for: _____

How did you find out about this position? _____

Desired Employment (full or part time):

Personal Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Social Security Number: _____

If you are under age 18, please provide your date of birth : ____/____/____

Do you have a reliable source of transportation? _____

Drivers License Number: _____ Do you have valid Driver's License insurance? _____

Are you eligible to work in the United States? Yes _____ No _____

Do you smoke? _____

Have you ever been convicted of a felony? _____ If yes, provide dates and circumstances:

Availability Days and Hours Available

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

What dates are you available to start work? _____/_____/_____

Education

High School

School Name _____

Location _____

Did you graduate? Yes ___ No ___ If not, did you receive your GED? Yes ___ No ___

Colleges Attended

Please list each college you attended and all degrees, undergraduate or graduate, you earned.

College Name _____

Dates Attended: From _____ To _____ Field of Study _____

Degrees earned _____ Number of years attended _____

College Name _____

Dates Attended: From _____ To _____ Field of Study _____

Degrees earned _____ Number of years attended _____

Employment History:

Are you currently employed? YES or NO Please circle one.

Most Recent/Present Employer: _____

Address: _____ Phone: _____

Name of Supervisor: _____ Phone: _____

Start Date: _____ Leaving Date: _____

May we contact your supervisor? _____ Description of work? _____

Reason for leaving (if applicable): _____

Name of Previous Employer: _____

Address: _____ Phone: _____

Name of Supervisor: _____ Phone: _____

Start Date: _____ Leaving Date: _____

May we contact your supervisor? _____ Description of work? _____

Reason for leaving (if applicable): _____

Name of Previous Employer: _____

Address: _____ Phone: _____

Name of Supervisor: _____ Phone: _____

Start Date: _____ Leaving Date: _____

May we contact your supervisor? _____ Description of work? _____

Reason for leaving (if applicable): _____

Personal References

Give the names of two persons you are not related to whom you have known at least one year.

1. _____ Phone: _____

2. _____ Phone: _____

Give the names of three former employers/supervisors who will discuss your work history.

1. Name: _____ Phone: _____
 - a. Company: _____ Position: _____
2. Name: _____ Phone: _____
 - a. Company: _____ Position: _____
3. Name: _____ Phone: _____
 - a. Company: _____ Position: _____

Did you ever play team sports in high school or college? _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND I HEREBY RELEASE THE BUSTLE FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I AGREE THAT IF I GIVE FALSE INFORMATION ON THE APPLICATION, I WILL BE TERMINATED AND PAID ONLY MINIMUM WAGE FOR ANY HOURS I HAVE WORKED. I ALSO AGREE THAT ANY DISPUTES OR CLAIMS THAT I MAY HAVE RELATIVE TO THIS APPLICATION OR MY EMPLOYMENT WITH THE BUSTLE SHALL BE RESOLVED THROUGH BINDING ARBITRATION USING THE AMERICAN ARBITRATION ASSOCIATION IN SAN DIEGO, CALIFORNIA.

Applicant's Signature: _____ Date: __/__/____ SS#: ____/__/____