

Application for Employment

An Equal Opportunity Employer Date:

-										
Persona	l Informat	tion								
Name:										
	Last			First			Middle	9		
Permane	ent Address	5:								
		Street				City		State		Zip Code
Home #:	()			Cell #:	(Î)			·
	<u> </u>	/				<u> </u>	/			
Email Ad	ldress:									
Are vou a	at least 18 v	vears or old	er? (annlica	ants under	the age of 18	a may reo	uire a wor	k nermit)	Yes 🗆	No 🗆
		ble for emplo			and ago of re	inay ioq		(poinit)	Yes □	No 🗆
		n convicted							Yes	No 🗆
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		_								
Employ	ment Infor	rmation								
Docition	Decired: (P	lease circle	۱			Data		ort:		
POSILION	`		,				ou can sta	art		
	Associat		Shift Lea		Assistan					
	imes you a	re available		each day i			perating ho	ours vary from	6:30 A.M. to 10):30 P.M.
Mon	Tue	Wed	Thu	Fri	Sat	Sun				
								Total h	ours desired	
								to work	in a week:	
How did	vou hear al	bout the pos	sition?							
		g to relocate		location if	needed?	Yes	No			
vvoula yt		g to relocate		location	necaca:	100	NO			
01.111- 14					•					
Skills, K	nowledge,	, and Abiliti	ies Releval	nt to Posit	ion					

Other Activities, Groups, Organizations

List activities, groups, organizations you are/have been involved in that have enhanced your knowledge, skills, and abilities.

Employment I	History						
Please list your	employment history starting	ng with your current/recent to your previous employers. Initial here:					
Employer Name:		Address & Contact #:					
Start Date:	Beginning Wage:	Job Description:					
End Date:	Ending Wage:						
Position:		Reason For Leaving:					
Supervisor Name:							

Employment	History Cont.			
Employer Name:		Address & Contact #:		
Start Date:	Beginning Wage:	Job Description:		
End Date:	Ending Wage:	-		
Position:		Reason For Leaving:		
Supervisor Name:				
Employer Name:		Address & Contact #:		
Start Date:	Beginning Wage:	Job Description:		
End Date:	Ending Wage:	-		
Position:		Reason For Leaving:		
Supervisor Name:				

References (Please list 3 individuals not related to you whom you have known for over 3 years)							
Name	Address	Phone	Relationship	Yrs known			
1							
2							
3							

Education History						
Institution	Subject of Study	Years Attended	Degree	Date		
Other achievements/	certifications and expiration date					

Applicant's Statement

I certify that all the information submitted by me on this application is true and complete. I understand that if any information that is misrepresented, withheld, or false information are discovered my application may be rejected, and if I am employed, my employment may be terminated at any moment. I authorize all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment for consideration concerning my application. I release HKR Investments, LLC and any persons affiliated with the company from liability for damages that may result from the investigation or disclosure or use of other information.

Signature:

Date: