



Employment Application Form

Name: _____ Date: _____

Present Address: _____

How Long? _____ Social Security # _____

Telephone Number _____ Alt. Number _____

Are you at least 18 years old? _____

Position Applied for _____ Desired Salary \$ _____

How many hours can you work weekly? _____ When can you begin? _____

How long do you plan to work for the company?

_____ Seasonal(1-3Mo) _____ 3-6Mo _____ 6-12Mo _____ 12+

Employment desired (check one) ___ Full time only ___ Part time only ___ Full or Part time

Scheduling restrictions (school, other job, activities...etc) _____

Days/ Hours available to work (list below) _____ No preference

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Education	Name of School	Address	Number of years	Major or Degree
Type of school				
High School				
College				
Business or Trade				

Transportation

Do you have a Driver’s License? ___Yes ___No

DL#_____ State of Issue_____ Expiration Date

Do you have your own transportation? ___Yes ___No

If No, please explain how you plan to get to work everyday:_____

Background

Have you ever been accused of a felony? ___Yes ___No

If Yes, Were you convicted? ___Yes ___No

If Yes to any please explain below. Note: A criminal conviction does not automatically disqualify you for employment. _____

References

Please list two references other than relatives or previous employers.

Name_____ Name_____

Position_____ Position_____

Company_____ Company_____

Address_____ Address_____

City, State, Zip_____ City, State, Zip_____

Phone Number_____ Phone Number_____

Work Experience Please list your work experience beginning with the most recent job held. If you were self employed, give firm name. You may attach an additional sheet if needed.

1) Name of employer: Address:	Phone Numbers: 1. 2.	Employment Dates: From: To:	Your last Job Title:
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

2) Name of employer: Address:	Phone Numbers: 1. 2.	Employment Dates: From: To:	Your last Job Title:
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

Application Information Release

May we contact your present employer? ___Yes ___No

Did you complete this application yourself? ___Yes ___No

If not, who helped?_____

I hereby state that the information I have given to be true and correct to the best of my knowledge.

I hereby authorized any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold **Flip Flop Shops®**, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed:_____

Printed:_____

Date:_____