

U-SWIRL

APPLICATION FOR EMPLOYMENT

LAST _____, First _____ NAME:	SSN: _____ - _____ - _____
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ABOUT YOU

Please Print

Name you Like to be Called _____ Home Phone _____ Message Phone _____

Street Address _____ City _____ State _____ Zip _____

E-mail _____ Do you have reliable transportation to meet any scheduled shift? _____

Can you provide proof that you are over 18 years old? _____ Have you been convicted of a felony? _____ If yes, give details on last page.

How did you find out about us?/Who were you referred to us by (if anyone)? _____

Have you ever worked for us before? _____ If so, under what name? _____ Which store? _____

Do you have any friends or relatives working for us? _____ Who? _____

Do you have a legal right to work in the U.S.? _____ Can you provide documentation of your legal right to work? _____

Can you perform all physical aspects of this job (including the ability to lift up to 50 lbs.)? _____ If no, give details on last page.

ABOUT THE JOB

What position are you applying for? _____ Salary Requirement: \$ _____ per _____

Would you accept another position? _____ If so, which one? _____

Which do you prefer? temporary work full time work part time work. If part time, about how many hours per week? _____

When could you start working with us? _____				Mark when you ARE available to work with us?		
MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm	<input type="checkbox"/> 9am-5pm
<input type="checkbox"/> 5pm-11pm	<input type="checkbox"/> 5pm-11pm	<input type="checkbox"/> 5pm-11pm	<input type="checkbox"/> 5pm-11pm	<input type="checkbox"/> 5pm-12am	<input type="checkbox"/> 5pm-12am	<input type="checkbox"/> 5pm-11pm
<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all	<input type="checkbox"/> cannot work at all

ABOUT YOUR EDUCATION

Name & Location	Number of Years Completed	Did You Graduate?	Course of Study
High School			
College		Major/Degree	
Other (i.e. Trade School)			

FOR OFFICE USE ONLY

Call Log	1. Date: _____ Time: _____ By: _____	Message <input type="checkbox"/>	N/A <input type="checkbox"/>	Contacted <input type="checkbox"/>	File App <input type="checkbox"/>
	2. Date: _____ Time: _____ By: _____	Message <input type="checkbox"/>	N/A <input type="checkbox"/>	Contacted <input type="checkbox"/>	File App <input type="checkbox"/>
	3. Date: _____ Time: _____ By: _____	Message <input type="checkbox"/>	N/A <input type="checkbox"/>	Contacted <input type="checkbox"/>	File App <input type="checkbox"/>
	4. Date: _____ Time: _____ Int By: _____				
	5. Date: _____ Time: _____ By: _____	Gst Serv <input type="checkbox"/>	Prod <input type="checkbox"/>	HR Policies <input type="checkbox"/>	No Show <input type="checkbox"/>

ABOUT YOUR WORK EXPERIENCE

(PLEASE START WITH YOUR MOST RECENT POSITION -- INCLUDE MILITARY EXPERIENCE IF ANY)

Resume Attached? YES NO

