

Nickelrama Employment Application

PERSONAL INFORMATION

| | |
|---------------------|----------------------------|
| NAME: _____ | SOCIAL SECURITY NUM: _____ |
| PHONE NUMBER: _____ | TODAY'S DATE: _____ |
| E-MAIL: _____ | REFERRED BY: _____ |
| ADDRESS: _____ | |
| STREET | CITY STATE ZIP CODE |

EMPLOYMENT DESIRED

| | | |
|--|--|--------------|
| POSITION | DATE YOU CAN START | WAGE DESIRED |
| CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

EDUCATION HISTORY

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | EXTRACURRICULAR ACTIVITIES |
|-------------------------|---------------------------|----------------|-------------------|----------------------------|
| High School | | | | |
| College or Trade School | | | | |

EMPLOYMENT HISTORY (MOST RECENT EMPLOYER FIRST)

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

REFERENCES

| NAME | PHONE NUMBER | YEARS KNOWN |
|------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |

TELL US ABOUT YOURSELF

What are your hobbies?

What is/was your FAVORITE class? Why?

What is/was your LEAST favorite class? Why?

What special skills or training do you have that you think sets you apart?

AUTHORIZATION

I certify, by turning in this application, that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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 release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.