

DESSANGE

PARIS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name: Last _____ First _____ Middle _____

Present Address:

Street _____ City _____ State _____ Zip _____

Phone No _____ Date of Birth* _____

*We are an Equal Opportunity Employer. You are not required to answer this question if you choose not to.

Referred by: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Salary desired _____ Are you employed now? _____

If so, may we contact your present employer? _____

Ever applied to this company before? Where? _____ When? _____

Full Time/Part Time? _____ Can you work evenings & weekends? _____

Do you have a reliable mode of transportation? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? If "YES", list when, where, and nature & disposition of conviction.

Have you signed a non compete non disclosure agreement with any former employers? If yes please specify:

FORMER EMPLOYERS List last three employers, starting with last one first

Dates _____ Name _____

City _____ State _____ Ph Number _____

Monthly Income _____ Position _____

Reason for Leaving _____

Dates _____ Name _____

City _____ State _____ Ph Number _____

Monthly Income _____ Position _____

Reason for Leaving _____

Dates _____ Name _____

City _____ State _____ Ph Number _____

Monthly Income _____ Position _____

Reason for Leaving _____

DESSANGE

P A R I S

EDUCATION

Name and Location of High School _____

Circle last year completed 1 2 3 4 Did you graduate? Yes No

Name and Location of High College _____

Circle last year completed 1 2 3 4 Did you graduate? Yes No

Subjects Studied and Degree(s) awarded _____

Subjects of Special Study or Research Work _____

Do you intend to return to school? If so, when?

AVAILABILITY

Give below the times that you are available to work each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number	Relationship	Years Acquainted

In Case of Emergency Notify:

Name _____ Address _____ Phone Number _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also authorize company to inquire from my references listed above.

Date _____ Signature _____