

CURRENT BOUTIQUE

EMPLOYMENT APPLICATION

Personal Information:

Name: _____

Address: _____

Phone: _____

Email address: _____

Referred by: _____

Employment Desired:

Position: _____ Date you can start: _____

Salary desired: _____

Are you employed? _____

May we inquire of your present employer? Yes _____ No _____

Have you ever applied with Current Boutique before? Yes _____ No _____

If "Yes," where and when? _____

Have you ever been convicted of a crime? Yes _____ No _____

If "Yes," please explain: _____

Education History:

	Name and Location	Year completed	Diploma/Degree
High School			
College			
Trade school or other			

Former Employers:

Please give an accurate, complete employment record, filling out all sections. Start with your present or last job. Include military service assignments and volunteer activities.

Period Employed	Employer Name and Address	Salary	Position	Reason for Leaving
From:				
To:				

From:				
To:				
From:				
To:				

General Information:

Special skills and qualifications:

References:

Name	Address and Phone Number	Relationship

Days available: _____

Hours available: _____

Prospective applicants will receive consideration without discrimination because of race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, non-job-related medical conditions or handicaps, or any other legally protected status.

Authorization:

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. I authorize you to engage a consumer reporting agency to investigate my credit and personal history. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain form the nature and substance of the report.

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that only an authorized representative of the company has authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract. 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.

Date: _____ Signature: _____