

APPLICATION FOR EMPLOYMENT

All information given below is confidential and will be securely held within the confines of Dr. Dessert Vending. No sources, references or companies will be called without your express consent and authorization.

A. Biographical Information:

Name: _____ Position Desired: _____
LAST FIRST M.

Address: _____ Social Security # _____

Phone (circle the best number to be reached)
 (H) _____
 (B) optional _____
 (Cell) opt. _____

Salary Desired: 1st Yr _____ 2nd Yr _____ 5th Yr _____ Date you can start: _____

Benefits Desired: _____

Are you currently employed? Yes: _____ No: _____ If so, where? _____

Are there any physical limitations that prevent you from performing tasks for which you are being considered?
 Yes: _____ No: _____ If so, explain: _____

B. Employment History: List your last five employers, starting with the last one first:

| Date Month/Year | Business Name & Address | Phone | Position | Reason for Leaving |
|--------------------|-------------------------|-------|----------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

C. References: Names of four individuals not related to you whom you have known at least one year (2 personal; 2 business)

| | Name | Address | Business | Yrs. Known |
|---|------|---------|----------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| D. Education and Training: | Name/Location | Subject Studied | Dates Attended | | Graduate? | |
|---|---------------|-----------------|----------------|--------|-----------|----|
| | | | Mon/Yr | Mon/Yr | Yes | No |
| 1. High School | | | | | | |
| 2. College | | | | | | |
| 3. Graduate School | | | | | | |
| 4. Trade School | | | | | | |
| Subjects of special study or skill: _____ | | | | | | |
| U.S. Military: Yes ___ No ___ | | | | | | |
| Activities/Hobbies: _____ | | | | | | |

Emergency Notification: _____
NAME PHONE

"I certify that all of the information submitted by me on this application is true and complete. I understand that misrepresentation or omission of facts called for is cause for dismissal. Also, I authorize investigation of all statements contained in this application."

Date: _____ Signature: _____