



APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME(LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO.	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	PAY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE INQUIRE OF YOU PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR DOLLAR CASTLE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? AND WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH/WORK OR SPECIAL TRAINING/SKILLS	
MILITARY SERVICE	RANK

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	PAY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON NEXT PAGE

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify 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 fro 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 fro 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 Disability Act (ADA) and other relevant federal and state laws."

DATE _____ **SIGNATURE** _____

INTERVIEWED BY _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

REMARKS

HIRE DATE	STORE #	POSITION	PAY	APPROVED BY
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