



Employment Application

Date:		Location:								
Applicant Information										
Full Name: Last:		First:				M.I.				
Address: Street:						Apt/Unit#:				
City:		State:		Zip:		E-mail Address:				
Home Phone: ()		Cell Phone: ()		Date Available to Start:						
Position Applying for: (check applicable)		<input type="checkbox"/> Prep		<input type="checkbox"/> General Employee		<input type="checkbox"/> Shift Manager		<input type="checkbox"/> Assistant Manager		<input type="checkbox"/> Store Manager
		<input type="checkbox"/> Other (Please describe):								
<input type="checkbox"/> Part time		<input type="checkbox"/> Full time		<input type="checkbox"/> Either Full time or Part time		<input type="checkbox"/> Seasonal/Temporary		Number of hours per week you are available:		
Please list availability below										
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
From:										
To:										
Special requests or needs for a work schedule?				How much would you like to be paid:						
If applying for general employee position, are you willing to deliver?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If willing to deliver, do you have transportation? What kind (ex: bike, car):			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid driver's license? (required for delivery)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have auto insurance? (required for delivery)			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you legally able to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for Snarf's? If Yes, when and where?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:						
Education										
School Name:				City:		State:				
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Major:				
Other:				City:		State:				
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Major:				
Are you currently a student?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?						
References										
<i>Please list at least two professional references; personal references may not include immediate family.</i>										
Full Name:		Relationship:		How long have you known them?:						
Company:		Phone: ()		E-mail:						
Full Name:		Relationship:		How long have you known them?:						
Company:		Phone: ()		E-mail:						
Full Name:		Relationship:		How long have you known them?:						
Company:		Phone: ()		E-mail:						

Previous Employment

Please attach resume, if applicable.

Company:				Supervisor:		
Address:	<i>Street:</i>			<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Phone:	()	E-mail:				
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Start Date:		End Date:		Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsibilities:			

Company:				Supervisor:		
Address:	<i>Street:</i>			<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Phone:	()	E-mail:				
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Start Date:		End Date:		Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsibilities:			

Company:				Supervisor:		
Address:	<i>Street:</i>			<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Phone:	()	E-mail:				
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Start Date:		End Date:		Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Responsibilities:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also understand that false or misleading information in my application or interview may result in my release.

Print Name:					
Signature:				Date:	