

SHIEKH SHOES

Employment Application



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary \$	
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____
Driver's License _____		State Issued _____	Date of Birth ____/____/____	

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

REFERENCES

Please list three references.

First Name		Relationship:
Last Name		Phone ()
Address		
First Name		Relationship:
Last Name		Phone ()
Address		
First name		Relationship:
Last Name		Phone ()
Address		

EMERGENCY CONTACTS*Please list two emergency contacts.*

Full Name	Relationship:
Company	Phone ()
Address	
Full Name	Relationship:
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Hourly/Salary \$	Ending Hourly/Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Hourly/Salary \$	Ending Hourly/Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Hourly/Salary \$	Ending Hourly/Salary \$
Responsibilities		

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Physical Record: Do you have any physical condition(s) you wish to state and request reasonable accommodations for?

Have you ever been convicted of a felony or misdemeanor?

If yes, state the nature of the crime(s), when and where convicted and disposition of the case

What foreign language do you speak fluently? _____

Do you have computer experience? If so please list computer programs you are familiar with:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that any omission of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge. I understand and agree my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company. In the event of employment termination my final pay check will be postmarked and mailed to my residence according to the state law in which I reside. I certify that I, the undersigned applicant, have personally completed this application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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