

Naughty Dust Bunnies Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date			
Last name		First name	Middle name
Email address			
City			
Telephone		Social Security #	<u> </u>
Date of Birth			
Position applied for			
How did you hear of this o	pening?		
When can you start?		Desired Wage	e \$
Are you a U.S. citizen or o may be required to provide			U.S. on an unrestricted basis? (You
Are you looking for full-tir	ne employme	ent? 🗆 Yes 🗀 No	
If no, what hours are you a	vailable?		
Are you willing to work ov	ernight? 🗖 Y	es □ No	
Are you willing to work we	eekends or ho	lidays? 🗆 Yes 🕒 No)
What counties are you will	ing to work in	n?	
What level of service are y	ou willing to	provide up to (I.E. To	pless)

If yes, please describ	e conditions.				
J / I					
Education					
Schoo	ol Name and Location	•	Year	Major	Degree
High School					
•	ork history, are there other s	kins, quanneations	5, OI 62	хрененее	
should consider?	ork illistory, are there other s	kins, quanneations	s, or e.	xperience	
should consider?			s, 01 62	xperience	
should consider? Employment Histor		ecent employer)			
Employment Histor Company Name # 1	ry (Start with most re	ecent employer)			
Employment Histor Company Name # 1 Address	ry (Start with most re	ecent employer) Telephone			
Employment Histor Company Name # 1 Address Date Started	y (Start with most re	ecent employer) Telephone Starting	Positio	on	
Employment Histor Company Name # 1 Address Date Started Date Ended	y (Start with most re	ecent employer) Telephone Starting Ending	Positio	on	
Employment Histor Company Name # 1 Address Date Started Date Ended	Starting Wage Ending Wage	ecent employer) Telephone Starting Ending	Positio	on	

Company Name # 2 _		
		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor _		
May we contact? \Box	Yes □ No	
Responsibilities		
Reason for leaving		
Company Name #3 _		
		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor _		
May we contact? \square	l'es □ No	
Responsibilities		
Reason for leaving		
Attach additional info	ormation if necessary.	
best of my knowledge shall be considered su	e. I understand that if I am emp	or employment are true and complete to the ployed, false statements on this application this company is hereby authorized to make aloyment history.
company can termina	te the employment relationship	t will," which means that either I or this p at any time, with or without prior notice, aployment is continued on that basis.
Signature		Date