

EMPLOYMENT APPLICATION



Date

Version Date 10/17/2017

Personal Information	Last Name		First Name		Middle Name		Telephone Number		
	Current Address			City, State		Zip Code		Email Address	
	Are you at least 18 years of age?		Are you related to anyone employed by Alin Party Supply?			If yes, please give name and location.			
	Yes No		Yes No						
	Have you ever been employed by Alin Party Supply?			If yes, when?		Where?		What Position?	
	Yes No							Eligible to work in the United States?	
								Yes No	
	How were you referred to us?								
	Walk-In		Employee Name: _____		Online Ad/Website: _____		Other: _____		
	Position Desired			Starting Salary Desired			Date Available for Employment:		
Full Time		Part Time		Seasonal					
Availability		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Earliest Time									
Latest Time									
Overtime?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name		Address		City, State		Phone Number		
	Employment Dates: From - To						May we contact?		
							Yes No		
	Job Title		Supervisor		Reason for Leaving				
	Brief description of duties (include number of persons supervised, if applicable)								
	2. Previous Employer Company Name		Address		City, State		Phone Number		
	Employment Dates: From - To						May we contact?		
							Yes No		
	Job Title		Supervisor		Reason for Leaving				
	Brief description of duties (include number of persons supervised, if applicable)								
	3. Previous Employer Company Name		Address		City, State		Phone Number		
	Employment Dates: From - To						May we contact?		
						Yes No			
Job Title		Supervisor		Reason for Leaving					
Brief description of duties (include number of persons supervised, if applicable)									

Education	High School Name & Location	Last Year Completed	Diploma or GED
	College or Vocational School Name & Location	Area of Study/Major	Last Year Completed
	College or Vocational School Name & Location	Area of Study/Major	Last Year Completed
	Special Awards or Recognitions		

Military	Active Duty Branch	Dates of Active Duty
	Reserve Status	Reserve Branch

Skills	Experience, training, qualifications, or skills that you feel make you especially suited for work at Alin Party Supply		
	Foreign Languages:	Degree of Proficiency Speak Read Write	

List three personal references most familiar with your abilities.

References	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement 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 if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Alin Party Supply to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, 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, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

In compliance with federal Law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

SIGNATURE OF APPLICANT: _____ DATE: _____