

PARTY WORKS

Your Complete Discount Party Store

Application for Employment

We consider applicants for all positions without regard to race, creed, color, religion, sex, national origin, ancestry, age, marital status, or any other basis prohibited by law.

We are committed to maintaining a drug-free workplace. Applicant must be able to lift at least 15 pounds.

Name: _____ Date: _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Social Security Number: _____ Referred By: _____

Are you 18 years of age or older? Yes No

Do you have the legal right to work in the United States Yes No

Have you ever plead guilty to or been convicted of a crime, felony, or other violation of law (other than minor traffic offenses) in the past seven years? Yes No

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Position Desired: _____ Full-time Part-time

Salary Desired: _____ Evenings Temporary

Please indicate below the days and times you are available to work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date Available to Start: _____

Have you ever applied to Party Works before? Yes No

Please give us a brief statement telling why you are qualified for the job you are seeking.

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EDUCATION

	Name and Location	Years Attended	Date Graduated	Subjects Studied
High School				
College				
Other				

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EMPLOYMENT EXPERIENCE (Start with your present or last job)

Company Name:	Position and Description of Work Performed:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	Rate of Pay: Start: _____ Last: _____
Telephone Number:	Reason for Leaving

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Please Read and Sign Below

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that with this application no promises regarding employment have been made to me. I understand that I may be subject to drug tests without previous notice. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature _____ **Date** _____

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DO NOT WRITE BELOW THIS LINE	A: _____
_____	CH: _____
_____	M / S
_____	S: _____

Hired _____ Position _____ Will Report _____ Salary _____