

APRÈS EMPLOYMENT APPLICATION

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Position Desired? _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
proof of identity and eligibility will be required upon employment

Are you over the age of 18 years? YES [] NO []
If no, you may be required to provide authorization to work.

Have you ever worked for Après before? YES [] NO []
If yes, when? _____ job title: _____

Do you have any relatives/friends who have worked for Après before? YES [] NO []
If yes, who and where did they work? _____

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL-TIME []
If you cannot work full-time, please explain: _____

Days and Hours Available:

(If employed, I will notify my supervisor in writing, should my availability change).

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving? YES [] NO []

EDUCATION

SCHOOL	Name/Location	Course of Study	# of Yrs	Degree Recvd
High School				
College				
Graduate Work				
Other				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO []

If yes, please describe: _____

EMPLOYMENT *(Start with your present or most recent position).*

Name of Employer		Telephone Number	
Full Address (including city, state & zip code)		Supervisor's Name & Title	
DATES EMPLOYED		RATE OF PAY	
<i>From (mo/day/yr):</i>	<i>To (mo/day/yr):</i>	<i>Beginning:</i>	<i>Final:</i>
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (including city, state & zip code)		Supervisor's Name & Title	
DATES EMPLOYED		RATE OF PAY	
<i>From (mo/day/yr):</i>	<i>To (mo/day/yr):</i>	<i>Beginning:</i>	<i>Final:</i>
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (including city, state & zip code)		Supervisor's Name & Title	
DATES EMPLOYED		RATE OF PAY	
From (mo/day/yr):	To (mo/day/yr):	Beginning:	Final:
Describe the Work Performed			

Name of Employer		Telephone Number	
Full Address (including city, state & zip code)		Supervisor's Name & Title	
DATES EMPLOYED		RATE OF PAY	
From (mo/day/yr):	To (mo/day/yr):	Beginning:	Final:
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES (Give 3 references, not relatives or employers).

- ① Name: _____ Occupation: _____
 Address: _____ Phone: _____
- ② Name: _____ Occupation: _____
 Address: _____ Phone: _____
- ③ Name: _____ Occupation: _____
 Address: _____ Phone: _____

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, GENDER (EXCEPT WHERE GENDER IS A BONAFIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN:

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

Do not write below this line.

