

Mr. Tom's Inc.
Application for Employment

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, military status, the presence of an on-job related medical condition, or handicap.

MR. TOM'S IS AN EQUAL OPPORTUNITY EMPLOYER

Please Print

Application Date: _____ Social Security #: _____ - _____ - _____

Position Applying for: _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other

Name: _____ Phone: _____
 (Last) (First) (Middle) (Area Code)

Address: _____
 (Street Address) (Apt #) (City) (State) (Zip)

Date of Birth: _____ Salary Desired: _____

Have you filed an application here before? Yes No Date: _____
Have you ever been employed here before? Yes No Date: _____

Are you a citizen of the United States? Yes No
If not, do you possess an Alien Registration Card? Yes No
If yes, give Alien Registration Number: _____

Employment type preferred: Full Time Part Time

Date you are available to begin employment: _____

Type of license you currently hold (if any): _____

Can you travel if the job requires it? Yes No

List any friends or relatives that currently work with Mr. Tom's:

Employment Experience

List each job previously held. Begin with your most current job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin.) If you need more room, you can write on the back or ask for more paper.

Employer: _____ Date From: _____ To: _____

Address: _____ Job Title: _____

Worked Performed: _____

Reason for Leaving: _____

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Worked Performed: _____

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Employer: _____ Date From: _____ To: _____

Address: _____ Job Title: _____

Worked Performed: _____

Reason for Leaving: _____

Summarize special skills and qualifications acquired from employment or other experiences:

Education

	Elementary	High School
School Name:	_____	
Years Completed:	5 6 7 8	9 10 11 12
Subjects Studied:	_____	
Date Graduated:	_____	

	College	Graduate
School Name:	_____	
Years Completed:	1 2 3 4	1 2 3 4
Diploma/Degree:	_____	
Date Graduated:	_____	

Describe any specialized training, skills, apprenticeships, and/or extracurricular activities:

State any information you feel may be helpful to us in considering your application for employment: _____

Please indicate the hours that you will be available to work:

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application, interview(s), or during my employment may result in discharge. I also understand that I am required to abide by any rules, regulations, and policies enforced or emplaced by the company.

Signature of Applicant

Date