

Decatur Jewelry & Pawn, Inc.

APPLICATION FORM

Position Applied For: _____

Date Of Application: _____

How Did You Learn About Us?

Advertisement
 Employment Agency

Friend
 Relative

Walk-In
 Other: _____

PERSONAL DATA (Please Print) Note: Incomplete Applications will not be considered.

Name: _____
Last First Middle

Social Security # _____

Phone Number _____

Present Address _____ How Long ? _____
Number Street Apt.# City State Zip Years Months

Previous Address _____ How Long ? _____
Number Street Apt.# City State Zip Years Months

If under 18 years of age can you provide proof of eligibility to work? Yes No
Have you ever been employed with us before? Yes No
Have you ever filed an application with us before? Yes No
Are you currently on lay off and subject to recall? Yes No
Are you currently employed? Yes No
May we contact your present employer? Yes No

What date would you be available for work? _____

What is the best day to contact you? Circle one: Sun Mon Tue Wed Thu Fri Sat

What is the best time to contact you? Circle one: _____ A.M. _____ P.M.

Are you available to work: Full time Part time Temporary/Seasonal

Do you have friends or relatives working for _____ Yes No Name: _____

Relationship: _____

If Hired, do you have adequate transportation to and from work? Yes No

Can you travel if the job requires it? Yes No

Would you be willing to relocate? Yes No

Have you ever been convicted of a crime other than a minor traffic violation or are awaiting trial for a crime? Yes No

Answering yes will not necessarily disqualify an applicant.

If Yes, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment?

EDUCATION

	High School				College/University				Other (specify)
School Name									
Years Completed (circle)	1	2	3	4	1	2	3	4	
Diploma/Degree									
Major									

Describe Specialized Training, Skills, Apprenticeships. _____

Describe any job-related training in the military: _____

SPECIALIZED SKILLS (Check all that apply)

Languages: (Specify skill level: light, conversational, fluent)

Spanish _____ German _____
 French _____ Other _____

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal sex, religion, race, national origin, age, ancestry, or handicap or any other protected status.)

REFERENCES (Not related to you)

1	_____	()
	Name	Phone
	_____	_____
	Address	City State Zip
2	_____	()
	Name	Phone
	_____	_____
	Address	City State Zip
3	_____	()
	Name	Phone
	_____	_____
	Address	City State Zip

EMPLOYMENT EXPERIENCE Start with your present or last job going back 10 years. Explain all gaps in employment.

Employer 1	Dates Employed From To	Description of Duties
Address		
City	Hourly Rate/Salary Starting Final	
State/Zip		
Telephone		
Job Title Supervisor		
Reason for leaving:		
Explain:		

Employer 2	Dates Employed From To	Description of Duties
Address		
City	Hourly Rate/Salary	
State/Zip	Starting Final	
Telephone		
Job Title Supervisor		
Reason for leaving:		
Explain:		
Employer 3	Dates Employed From To	Description of Duties
Address		
City	Hourly Rate/Salary	
State/Zip	Starting Final	
Telephone		
Job Title Supervisor		
Reason for leaving:		
Explain:		
Employer 4	Dates Employed From To	Description of Duties
Address		
City	Hourly Rate/Salary	
State/Zip	Starting Final	
Telephone		
Job Title Supervisor		
Reason for leaving:		
Explain:		
Employer 5	Dates Employed From To	Description of Duties
Address		
City	Hourly Rate/Salary	
State/Zip	Starting Final	
Telephone		
Job Title Supervisor		
Reason for leaving:		
Explain:		

Have you ever been terminated from a job? Yes No

If yes, please explain:
