



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER: [] [] [] - [] [] [] - [] [] [] [] [] []
 DATE OF BIRTH: [] [] / [] [] / [] [] [] [] [] []
 DATE OF APPLICATION: [] [] / [] [] / [] [] [] [] [] []

NAME OF POSITION: [] [] [] [] [] [] [] [] [] [] [] []
 FACEBOOK PAGE ADDRESS: [] [] [] [] [] [] [] [] [] [] [] []
 EMAIL ADDRESS: [] [] [] [] [] [] [] [] [] [] [] []

FIRST NAME: [] [] [] [] [] [] [] [] [] [] [] []
 LAST NAME: [] [] [] [] [] [] [] [] [] [] [] []
 MIDDLE NAME: [] [] [] [] [] [] [] [] [] [] [] []

PRIMARY ADDRESS (mailing address)
 STREET: [] [] [] [] [] [] [] [] [] [] [] []
 CITY: [] [] [] [] [] [] [] [] [] [] [] []
 APT #: [] [] [] [] [] [] [] [] [] [] [] []
 STATE: [] [] [] [] [] [] [] [] [] [] [] []
 ZIP: [] [] [] [] [] [] [] [] [] [] [] []

SECONDARY ADDRESS (mailing address)
 STREET: [] [] [] [] [] [] [] [] [] [] [] []
 CITY: [] [] [] [] [] [] [] [] [] [] [] []
 APT #: [] [] [] [] [] [] [] [] [] [] [] []
 STATE: [] [] [] [] [] [] [] [] [] [] [] []
 ZIP: [] [] [] [] [] [] [] [] [] [] [] []

HOME PHONE # (include area code): [] [] [] [] [] [] [] [] [] [] [] []
 ALT. PHONE # (include area code): [] [] [] [] [] [] [] [] [] [] [] []

EMPLOYMENT RECORD

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT **BEGINNING WITH MOST RECENT.**

MAY AN INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT? (A "NO" WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.) YES NO

EMPLOYMENT #1

DATES OF EMPLOYMENT (MM/YY): FROM [] [] / [] [] TO [] [] / [] []
 EXACT TITLE OF POSITION: [] [] [] [] [] [] [] [] [] [] [] []
 NO. OF EMPLOYEES YOU SUPERVISED: [] [] [] [] [] [] [] [] [] [] [] []

EMPLOYING FIRM: [] [] [] [] [] [] [] [] [] [] [] []

ADDRESS: [] [] [] [] [] [] [] [] [] [] [] []
 CITY: [] [] [] [] [] [] [] [] [] [] [] []
 STATE: [] [] [] [] [] [] [] [] [] [] [] []
 ZIP: [] [] [] [] [] [] [] [] [] [] [] []

PHONE NUMBER: [] [] [] [] [] [] [] [] [] [] [] []
 AVG. HOURS PER WEEK: [] [] [] [] [] [] [] [] [] [] [] []
 REASON FOR WANTING TO LEAVE: [] [] [] [] [] [] [] [] [] [] [] []

DUTIES - RESPONSIBILITY: [] [] [] [] [] [] [] [] [] [] [] []
 [] [] [] [] [] [] [] [] [] [] [] []

SALARY
 STARTING: \$ [] [] [] [] [] [] [] [] [] [] [] [] per [] [] [] [] [] [] [] [] [] [] [] []
 PRESENT: \$ [] [] [] [] [] [] [] [] [] [] [] [] per [] [] [] [] [] [] [] [] [] [] [] []



EMPLOYMENT APPLICATION

EMPLOYMENT #2

DATES OF EMPLOYMENT (MM/YY) FROM <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/>	EXACT TITLE OF POSITION <input style="width: 100%;" type="text"/>	NO. OF EMPLOYEES YOU SUPERVISED <input style="width: 100%;" type="text"/>
--	--	--

EMPLOYING FIRM

ADDRESS <input style="width: 100%;" type="text"/>	CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 100%;" type="text"/>	ZIP <input style="width: 100%;" type="text"/>
--	---	--	--

PHONE NUMBER <input style="width: 100%;" type="text"/>	AVG. HOURS PER WEEK <input style="width: 100%;" type="text"/>	REASON FOR WANTING TO LEAVE <input style="width: 100%; height: 20px;" type="text"/>
---	--	--

DUTIES - RESPONSIBILITY

SALARY

STARTING \$ <input style="width: 100%;" type="text"/> per <input style="width: 100%;" type="text"/>	PRESENT \$ <input style="width: 100%;" type="text"/> per <input style="width: 100%;" type="text"/>
--	---

EDUCATION RECORD

HIGHEST GRADE COMPLETED <input style="width: 100%;" type="text"/>	NAME OF HIGH SCHOOL <input style="width: 100%;" type="text"/>	
TYPE <input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA	LOCATION (city/state) <input style="width: 100%;" type="text"/>	DATE COMPLETED <input style="width: 100%;" type="text"/>

LIST ALL ADDITIONAL EXPERIENCE, TRAINING, EDUCATION, SKILLS OR QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (EXAMPLES: "CUSTOMER SERVICE OR OPERATING A REGISTER", ETC.). **LIST SPECIFIC COURSE WORK** (HIGH SCHOOL, COLLEGE, CONTINUING EDUCATION).

ADDITIONAL EXPERIENCE, TRAINING, SKILLS, QUALIFICATIONS

LENGTH OF TIME TO BE CREDITED (hours, days, months, years)

COLLEGE/UNIVERSITY	DATES ATTENDED	ACADEMIC YRS COMPLETED	DID YOU GRADUATED?	MAJOR	MINOR												
NAME OF COLLEGE/UNIVERSITY <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	FROM TO <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%; height: 20px;"> </td></tr> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%; height: 20px;"> </td></tr> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%; height: 20px;"> </td></tr> </table>							<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td></tr> <tr><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td></tr> <tr><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td><td style="width: 50%; text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td></tr> </table>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
 (A "YES" ANSWER WILL **NOT** AUTOMATICALLY DISQUALIFY YOU FROM MOST JOBS)

CHARGE <input style="width: 100%;" type="text"/>	DATE OF CONVICTION <input style="width: 100%;" type="text"/>	STATE OF CONVICTION <input style="width: 100%;" type="text"/>
---	---	--



EMPLOYMENT APPLICATION

DIRVER'S LICENSE INFORMATION

TYPE	STATE	DIRVER'S LICENSE NUMBER	YEAR OF RENEWAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES

LIST THREE (3) PERSONS OTHER THAN RELATIVES WHO HAVE KNOWLEDGE OF YOUR CHARACTER OR ABILITY.

FULL NAME	ADDRESS (street, city, state, zip)	YRS. KNOWN	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTIFY IN CASE OF EMERGENCY

PRIMARY CONTACT

NAME

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP

HOME PHONE #

WORK PHONE #

SECONDARY CONTACT

NAME

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP

HOME PHONE #

WORK PHONE #

VERY IMPORTANT NOTICE

I HEREBY GIVE PERMISSION TO THE YUM YUM'S GOURMET POPCORN CO. OR IT'S DULY AUTHORIZED REPRESENTATIVE TO CONTACT ANY PERSONS OR COMPANIES NAMED IN THIS STATEMENT OTHER THAN MY PRESENT EMPLOYER AND TO VERIFY ANY AND ALL EDUCATIONAL HISTORY THAT I HAVE GIVEN ON THIS STATEMENT.

I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO FURNISH THEIR RECORDS OF MY SERVICE, MY REASONS FOR LEAVING THEIR COMPANY TOGETHER WITH ALL INFORMATION THEY MAY HAVE CONCERNING ME. I ALSO RELEASE ANY INDIVIDUAL PARTNERSHIP OR CORPORATION WHICH FORMERLY EMPLOYED ME, IT'S OFFICERS, AGENT AND EMPLOYEES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I DO HEREBY AFFIRM THAT I HAVE ANSWERED ALL QUESTIONS AND NOT OMITTED ANY INFORMATION TO THE BEST OF MY ABILITY AND BELIEF. I UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE FALSE OR IF A CHECK WITH MY FORMER EMPLOYER REVEALS THAT I WOULD MAKE AN UNSATISFACTORY EMPLOYEE I MAY BE SUBJECTED TO IMMEDIATE DISQUALIFICATION OR TERMINATION.

I DO HEREBY AFFIRM THAT IN ACCORDANCE WITH FEDERAL LAW. I WILL PROVIDE PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY IF I AM HIRED. I ALSO WILL BE WILLING TO TAKE A DRUG OR ALCOHOL TEST IF ASKED BEFORE I'M HIRED AND OR DURING MY EMPLOYMENT AT ANY TIME.

APPLICANT'S SIGNATURE

DATE