



EMPLOYMENT APPLICATION

Last Name	First Name	Middle Initial	Social Security Number:
Street Address	City/State	Zip Code	Phone Number:

If hired, can you provide evidence of legal eligibility to work in the U.S.? yes no
Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Position Desired: _____ Wage/Salary Desired: _____ Full Time
 Part Time

Date you can begin work? _____ Are you 18 years of age or older? yes no
If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.

Name of high school attended: _____ City & State _____ Graduate GED

Name of college or technical school: _____ City & State _____ Graduate Degree Major: _____

Are you presently enrolled in school? If yes, give name & address of school and expected degree date: _____

List any job-related skills or accomplishments, including military service: _____

YOUR AVAILABILITY FOR WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work: _____ Do you have any special requests or needs for a work schedule? _____

PROVIDE THREE REFERENCES WHO ARE NOT FORMER EMPLOYERS WHO WE MAY CONTACT

Name and Occupation	How do you know them, and for how long?	Phone Number

YOUR EMPLOYMENT HISTORY*List names of employers with present or last employer listed first.*May we contact current employers before you are offered a position? yes no

Name of Employer:

Job Title:

Duties:

Address:

Dates of Employment:

From:

To:

City, State, Zip Code

 Hourly pay Salary

Starting pay:

Ending pay:

Supervisor:

Reason for Leaving:

Telephone:

Name of Employer:

Job Title:

Duties:

Address:

Dates of Employment:

From:

To:

City, State, Zip Code

 Hourly pay Salary

Starting pay:

Ending pay:

Supervisor:

Reason for Leaving:

Telephone:

Name of Employer:

Job Title:

Duties:

Address:

Dates of Employment:

From:

To:

City, State, Zip Code

 Hourly pay Salary

Starting pay:

Ending pay:

Supervisor:

Reason for Leaving:

Telephone:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature: _____ Date: _____

PLEASE MAIL TO THE LOCATION FOR WHICH YOU ARE SEEKING EMPLOYMENT:**CAPE:** 274 S. Mt Auburn Rd., Cape Girardeau 63703**POPLAR BLUFF:** 15 W. Vine St., Poplar Bluff, MO 63901**JACKSON:** 2480 E. Main St., Jackson, MO 63755**SIKESTON:** 175 Palace Ct., Sikeston, MO 63801

Simply Swirled is an Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.