



EMPLOYMENT APPLICATION

Thank you for taking interest in employment at Condom Sense! **Please completely fill out all applicable information for employment consideration.**

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE: ____/____/____

ADDRESS: _____
(STREET) (CITY) (ZIP CODE)

DRIVERS LICENSE/ID NUMBER: _____ SS # _____ - _____ - _____

E-MAIL ADDRESS: _____

PHONE NUMBER (____) _____ - _____

ARE YOU AT LEAST 18 Y.O.A? YES / NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES / NO

POSITION APPLYING FOR? _____ DESIRED PAY RATE: _____

REFERRED BY: _____

HAVE YOU EVER WORKED AT CONDOM SENSE BEFORE? YES / NO

IF YES, WHEN? ____/____/____ TO ____/____/____ SUPERVISOR _____

ARE YOU SEEKING PRIMARY OR SECONDARY EMPLOYMENT AT CONDOM SENSE? PRIMARY / SECONDARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO

IF YES, PLEASE EXPLAIN: _____

CURRENT EMPLOYER

ARE YOU CURRENTLY EMPLOYED? YES / NO

** If you are not currently employed please state the reason below**

COMPANY: _____ PHONE: (____) _____ - _____

FROM: ___/___ TO **PRESENT** SUPERVISOR: _____

DUTIES/RESPONSIBILITIES: _____

PREVIOUS EMPLOYER

COMPANY: _____ PHONE: (____) _____ - _____

FROM: ___/___ TO ___/___ SUPERVISOR: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

COMPANY: _____ PHONE: (____) _____ - _____

FROM: ___/___ TO ___/___ SUPERVISOR: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

COMPANY: _____ PHONE: (____) _____ - _____

FROM: ___/___ TO ___/___ SUPERVISOR: _____

DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

SKILLS

PLEASE LIST ANY SKILLS, TRAINING, LANGUAGES, COMPUTER SKILLS, ETC.

EDUCATION

| <u>SCHOOL NAME</u> | <u>YEARS ATTENDED</u> | <u>DID YOU GRADUATE</u> |
|---------------------------|------------------------------|--------------------------------|
| HIGH SCHOOL | | |
| COLLEGE | | |
| TRADE/BUSINESS | | |

AVAILABILITY

- Fill out the following regarding your **availability to work**. Document only a typical daily availability.
- If you are available the entire day either to open or close, please write **ANY** in the space provided.
- If you are **unavailable** an entire day, please write **Unavailable** in the space provided

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM |
| TO | TO | TO | TO | TO | TO | TO |
| _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM | _____AM / PM |

Please discuss any foreseeable scheduling changes that might occur to change your availability.

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- **ALL APPLICANTS WILL HAVE TO SUBMIT TO A DRUG AND ALCOHOL TEST AT TIME OF HIRE.**
 - **CRIMINAL BACKGROUND CHECKS ARE PERFORMED ON ALL APPLICANTS PRIOR TO HIRING.**

By signing this application you are confirming that all the aforementioned information provided is accurate and correct to the best of your knowledge. Any information that has been found to be falsified post hiring will result in immediate termination.

SIGNATURE OF APPLICANT: _____ DATE: ___/___/___