

318 HWY 202 North Flemington, NJ 08822 908-788-2921

Employment Application

Applicant Information						
Full Name:					Date:	
Address:	Last	First		M.I.		
, taa1000.	Street Address			Apartmen	t/Unit #	
-	City			State	ZIP Cod	de
Phone: ()	E-m	nail Address:			
Date Availa	ble: Se	ocial Security No.:		Desired Sala	ary: \$	
Position Applied for:						
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO YES NO						
Have you e	Have you ever worked for this company? If so, when? YES NO If so, when?					
Have you e	ver been convicted of a cr	rime?	If yes, explain:_			
	Full Part Time	Please use the tabl	e on page three	to detail the ho	ours you can w	ork.
		Edu	cation			
High Schoo	ol:	Address:				
From:	To:	Did you graduate?	YES NO	Degree:		
College:		Address:				
From:	To:	Did you graduate?	YES NO	Degree:		
Other:		Address:				
From:	To:	Did you graduate?	YES NO	Degree:		
		Refe	rences			
Please list	three professional refere	ences.				
Full Name:			Relationship: _			
Company:				Phone: ()	
Address: _						
Full Name:			Relationship: _			
Company:				Phone: ()	
Address: _						
Full Name:			Relationship: _			
Company:				Phone: ()	
Address: _						

Previous Employment					
Company:	Phone: ()			
Address:	Supervisor:	·			
Job Title: Starting Salary: \$		Ending Salary: \$			
Responsibilities:					
From: To: Reason for Leaving: _					
May we contact your previous supervisor for a reference?	NO				
Company:	Phone: ()			
Address:	Supervisor:				
Job Title: Starting Salary: \$		Ending Salary:\$			
Responsibilities:					
From: To: Reason for Leaving: _					
May we contact your previous supervisor for a reference?	NO				
Company:	Phone: ()			
Address:	Supervisor:	: <u></u>			
Job Title: Starting Salary: \$		Ending Salary:\$			
Responsibilities:					
From: To: Reason for Leaving:					
May we contact your previous supervisor for a reference?	NO				
Military Servic	e				
Branch:	From:	To:			
Rank at Discharge: Type o	f Discharge:				
If other than honorable, explain:					
Is there any reason you may have difficulty performing for applied? Yes No	unctions of the jol	o in which you have			
Are you 18 years or older? Yes No No					
Do you have a valid Driver's License? Yes No	Do you have a valid Driver's License? Yes No				
If Yes, please provide your Driver's License Number:		State:			

PLEASE READ CAREFULLY

I certify that the information provided in this application (and accompanying documents, if any) is true and complete to the best of my knowledge and understanding and agree that false or misleading information given or a significant omission may, at the company's discretion, disqualify me from further consideration for employment and, if I am employed, may result in my termination where later discovered.

I authorize investigation of all information contained in this application and any accompanying documents and hereby release SNEAKERS PLUS and their officers, employees and agents, as well as any person or entity that furnishes information during such an investigation from any liability in conduction or participating in such an investigation.

If employed by SNEAKERS PLUS, I will abide by all rules and regulations of the Company. I understand that if I am employed, my employment will be at-will, which means that I may terminate it at any time for any reason with or without cause, and the company has the same right.

DATE:	Signature
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Available Hours

Retail Hours: Monday to Friday: 9 am to 9 pm, Saturday 9 am to 6 pm, Sunday 10 am to 6 pm

Team Office Hours: Monday to Friday: 9 am to 5 pm

Please use the section below to detail the hours you are available to work per day, Example- Monday 9am to 2pm:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Monday	Monday Tuesday	Monday Tuesday Wednesday	Monday Tuesday Wednesday Thursday	Monday Tuesday Wednesday Thursday Friday

Please use the section below to describe why you would be a good team member for <i>Sneakers</i> Plus:			