



# APPLICATION



DATE \_\_\_\_\_

NAME \_\_\_\_\_ **PHONE** \_\_\_\_\_

Address \_\_\_\_\_ For How Long? \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Are you 16-17? \_\_\_\_\_ Or 18 & Over? \_\_\_\_\_

Must be at least 16

Describe your childcare plans; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you SMOKE? \_\_\_\_\_ Chain OR Controllable? \_\_\_\_\_

Describe your Transportation Arrangements; \_\_\_\_\_  
\_\_\_\_\_

Position Desired: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

For EACH of the Following Mark as either OK, Yes or No.

Hours Desired per Week:	10-20	20-30	30-40
Times Desired;	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup> Any

## EDUCATION

High School \_\_\_\_\_ Graduated? \_\_\_\_\_

College/other \_\_\_\_\_  
\_\_\_\_\_ Graduated? \_\_\_\_\_

Subjects \_\_\_\_\_

IF Still in School What Times do you attend? \_\_\_\_\_

Number of Absences in your last year of school OR work and why \_\_\_\_\_

Turn Over Please

## Employment History

	DATES start to End	Name of Co.	Salary & Hours	Position	Reason for Leaving
1					
2					
3					
4					

May we contact them for references? \_\_\_\_\_

### REFERENCES

	Name & address or phone	Occupation	Years Known
1			
2			

List any illness or physical defects, which may affect job performance \_\_\_\_\_

\_\_\_\_\_

In case of emergency contact; \_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if hired my employment will be for no definite period of time (i.e. "at will" where both employee and employer have equal rights to terminate employment) but when and if I quit I agree to give at least 5 days notice. No other agreement may be made except in writing from the president of Gillies' Incorporated.

Signature \_\_\_\_\_ Date \_\_\_\_\_