



SNOE INC. EMPLOYMENT APPLICATION

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Home Phone (____) _____ Cell Phone (____) _____

You must be 18 years of age or older to be eligible for employment with Snoe Inc.

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Position applied for (1) _____ Days/hours available to work _____
 and wage desired (2) _____ Days _____
 (Be specific) Nights _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.) If yes please explain.

R E F E R E N C E S	Name	Business	Phone Number	Years Acquainted
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU CURRENTLY AN ACTIVE DUTY MEMBER in the ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience	Please list your work experience from the beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of employer Address City, State, Zip Code Phone number SKILLS: _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Name of employer Address City, State, Zip Code Phone number SKILLS: _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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Reason for leaving (be specific)

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who did? _____

Do you have any Physical Limitations that preclude you from performing any work for which you are being considered.

YES _____ NO _____

PLEASE DESCRIBE: _____

Emergency Contact Information

Name Relationship Address Phone number

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Thank you for completing this application form and for your interest in our business.

Applicant Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Interview Notes: _____ **Date** _____

Hired () Yes () No Position Office / Shop A B C

Salary/Wage Days or Nights Date Reporting to work

Signature _____ **Date** _____