

OneSweetMoment APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST MI)			SOCIAL SECURITY NUMBER		
STREET ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE		CELL PHONE			
ARE YOU OVER THE AGE OF 14? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU OVER THE AGE OF 16? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED

<input type="checkbox"/> FULL TIME (35-40 HOURS/WEEK) <input type="checkbox"/> PART TIME (20-30 HOURS/WEEK) <input type="checkbox"/> OCCASIONAL (10-20 HOURS/WEEK)					
START DATE	SALARY	HAVE YOU APPLIED TO OSM BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SCHOOLING

DO YOU ATTEND HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU ATTEND COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES TO EITHER, WHAT SCHOOL?
WHEN IS YOUR LAST DAY OF SCHOOL?	WHAT TIME WOULD YOU BE ABLE TO START WORK AFTER SCHOOL?	
PLEASE LIST EXTRACIRRICULARS THAT TAKE PLACE OUTSIDE OF NORMAL SCHOOL HOURS		

AVAILABILITY

DURING THE SCHOOL YEAR						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DURING THE SUMMER						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
PLEASE LIST ANY DATES THAT YOU WILL REQUIRE OFF FOR VACATIONS OR PERSONAL EVENTS						

PREVIOUS EMPLOYERS – Please list your previous employers, beginning with the most recent.

DATES OF EMPLOYMENT	EMPLOYER	POSITION	SALARY
SKILLS AQUIRED		REASON FOR LEAVING	
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DATES OF EMPLOYMENT	EMPLOYER	POSITION	SALARY
SKILLS AQUIRED		REASON FOR LEAVING	

REFERENCES – Please list three people, outside of your family, whom you have known for at least one year.

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
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GENERAL INFORMATION – If there is any additional information you would like considered, please include it here.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references and employers listed above to give you any and all information regarding my previous employment and any pertinent information they may have, personal or otherwise, and release One Sweet Moment from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____ DATE _____