



**Employment Application Form**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

622 North is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, disability or any other criterion. We assure you that your opportunity for employment with 622 North depends solely on your qualifications.

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present address

Number

Street

City

State

Zip

How long at current address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_ YES \_\_\_\_ NO,  
if "NO", can you provide proof of your eligibility to work? \_\_\_\_ YES \_\_\_\_

**Employment Desired**

FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

Position applied for (1) \_\_\_\_\_

and wage desired (2) \_\_\_\_\_

(Be specific)

**Availability:**

*(please "X" any days that you are unavailable, and indicate specific times that you ARE available)*

MON	TUES	WED	THU	FRI	SAT	SUN

Number of Hours Desired Per Week: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Type and Name of School last attended: \_\_\_\_\_

Number of Years in Attendance: \_\_\_\_\_

Completed? Yes \_\_\_\_ No \_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Major & Degree: \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes

A conviction record will not necessarily disqualify you from employment.

If yes, explain the nature of offense(s) leading to conviction(s), and how recently such offense(s) was/were committed.

\_\_\_\_\_  
\_\_\_\_\_

Please list two references other than relatives.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Company \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) - \_\_\_\_\_ Telephone (\_\_\_\_) - \_\_\_\_\_

**Work Experience**

*Please list your relevant work experience for the **past four years** beginning with your most recent job held.*

Name of employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wage or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Name of employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wage or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Name of employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
Name of last supervisor \_\_\_\_\_  
City \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wage or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

May we contact your present employer?  Yes  No

Do you currently have health insurance? Yes No  
If yes, how is your insurance provided? Self Spouse Parent Current Employer

I understand that any misrepresentations in this application or any attachment, or any omission of material fact is grounds for automatic dismissal if employed. \_\_\_\_\_  
I hereby give 622 North permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release 622 North from any liability as a result of such contact. \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_  
Date: \_\_\_\_\_

Thank you for completing this application form and for your interest in our business. Applications will remain active for 60 days. If you have not been offered employment within 60 days of your application, it will be necessary for you to submit another application.