

Store # _____

Date _____



APPLICANT INFORMATION																							
Last Name			First			M.I.		Age		18+ <input type="checkbox"/> 21+ <input type="checkbox"/>													
Street Address				Apartment/Unit #																			
City				State		ZIP																	
Phone				Social Security No.																			
Date Available			Full Time/Part Time?			Desired Salary			\$														
Position Applied for			Shifts Available			AM		S		M		T		W		T		F		S		Any <input type="checkbox"/>	
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>										
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?																
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain																
Why do you want to work for the Ra Shop?																							
How would you be an asset to the Ra Shop?																							
If hired, will you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>						Are you willing to take a drug screening? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
EDUCATION																							
High School				Address																			
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree													
College				Address																			
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree													
Other				Address																			
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree													

REFERENCES			
Full Name 1		Relationship	
Company		Phone	()
Address			
Full Name 2		Relationship	
Company		Phone	()
Address			
Full Name 3		Relationship	
Company		Phone	()
Address			

PREVIOUS EMPLOYMENT							
Company 1				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company 2				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company 3				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date