

Skinny's Inc. EMPLOYMENT APPLICATION

In order to be considered, this application must be filled out in its entirety.

For Manager's Use Only:		
Store #	Reviewed by Manager (Print and Sign Name):	Date:

1. GENERAL INFORMATION

Name:				
Last	First	MI	Social Security Number	Telephone Number
Present Address				
Number	Street Name	Apt. #	City	State Zip Code
Do you have reliable means of getting to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:				
Have you ever worked for skinny's before? <input type="checkbox"/> Yes <input type="checkbox"/> No			When:	Store/Location:
Position			Supervisor:	
Do you have friends or relatives working at skinny's ? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Name/Relationship:	

II. EMPLOYMENT PREFERENCE:

Position Applied For:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary Expected:
How many hours per week do you want to work?	Are you willing to work shifts: <input type="checkbox"/> 6a-3p <input type="checkbox"/> 3p-12m <input type="checkbox"/> 12m-6a	
Are you willing to work: <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays		I can begin work on:
How did you learn about us?	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper ad
	<input type="checkbox"/> In-store Advertisement	<input type="checkbox"/> Radio/TV ad
Did one of our employees ask you to come by and fill out an application to work at skinny's ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee's Name:

III. EDUCATIONAL, SKILL AND EXPERIENCE:

	High School	College	Trade School
School Name			
School Address			
Diploma/Degree			
Please list any special skills, qualifications, training that you feel warrant consideration:			
List any special equipment operating abilities (10-key, calculator, cash register, gasoline, personal computer, etc)			
U.S. Military History: (Upon employment, you will need to furnish a copy of your DD214.)			
Branch of Service:	Date Entered:	Date Discharged	Type Discharge:
Initial Rank:	Final Rank:	Are you a member of the Active Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Obligations:	

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IV. EMPLOYMENT RECORD:

List the names of your present or previous employers beginning with the most recent/current employer.

Be sure to account for all periods of time including military service, self-employment, and any period of unemployment.

1. Name of Present or Last Employer:						Phone Number:		Address		City	State
Starting Date: Month Year		Last Day Worked: Month Day Year		Starting Salary:		Ending Salary:		Job Title:		Name of Supervisor:	
Type of Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Job Description and Responsibilities:								
Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving: (Explain the reason/circumstances for you changing or wanting to change jobs)									
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?						Will they say whether or not you are re-hirable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?					
2. Name of Next Previous Employer:						Phone Number:		Address		City	State
Starting Date: Month Year		Last Day Worked: Month Day Year		Starting Salary:		Ending Salary:		Job Title:		Name of Supervisor:	
Type of Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Job Description and Responsibilities:								
Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving: (Explain the reason/circumstances for you changing or wanting to change jobs)									
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?						Will they say whether or not you are re-hirable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?					
3. Name of Next Previous Employer:						Phone Number:		Address		City	State
Starting Date: Month Year		Last Day Worked: Month Day Year		Starting Salary:		Ending Salary:		Job Title:		Name of Supervisor:	
Type of Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Job Description and Responsibilities:								
Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving: (Explain the reason/circumstances for you changing or wanting to change jobs)									
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?						Will they say whether or not you are re-hirable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?					
4. Name of Next Previous Employer:						Phone Number:		Address		City	State
Starting Date: Month Year		Last Day Worked: Month Day Year		Starting Salary:		Ending Salary:		Job Title:		Name of Supervisor:	
Type of Job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Job Description and Responsibilities:								
Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving: (Explain the reason/circumstances for you changing or wanting to change jobs)									
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?						Will they say whether or not you are re-hirable? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why?					

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IV. EMPLOYMENT RECORD cont.

Please explain fully any time gaps in your employment history:

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V. PERSONAL INFORMATION

Name		
Last	First	MI
Maiden Name:	Date Name was Used :	
Other Name Used:	Date Name was Used:	
Other Name Used:	Date Name was Used:	

VI. ADDRESS HISTORY

List current address: (Include County)	Month/Year:	Month/Year:
(Street, City, County, State, Zip)	From:	To:
List previous addresses: (Include County)	Month/Year:	Month/Year:
(Street, City, County, State, Zip)	From:	To:
(Street, City, County, State, Zip)	From:	To:
(Street, City, County, State, Zip)	From:	To:

VII. SECURITY RECORD:

1.	skinny's, Inc. requires as a condition of continued employment that all of our employees participate in a drug screening within twenty-four (24) hours of employment and in our random drug screen program. A positive result will result in dismissal. I agree to participate in the required and random drug testing program.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
2.	Have you ever been convicted of , plead guilty to, or plead no contest to a misdemeanor or a felony, to include deferred adjudication, annulled, expunged, or sealed by a court? If yes, give detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Convictions are not necessarily a bar to employment, however, deception as to their existence or falsification of their exact nature will result in denial of employment or dismissal if employed.

Date	Violation	Court Location

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VIII. ALCOHOL BEVERAGE SALES RECORD

Have you ever worked in a position which required you to sell or serve alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attended a Certified Alcohol or Tobacco Selling class in the last two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you have proof of attendance or certification card? <input type="checkbox"/> Alcohol Selling Class <input type="checkbox"/> Tobacco Selling Class	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any alcoholic or tobacco violation by any local or state agency? If yes please give dates and details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. DRIVING RECORD

Certain jobs within the company require the use of a car or other motorized vehicle. If use of such a vehicle were required on the job for which you are applying:			
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lic. No:	Exp. Date:	
Do you have or can you get liability insurance on such a vehicle?	Insurance Company Name :		Exp. Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cited for speeding or moving violations during the last three years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been revoked or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted, plead guilty or nolo contendere to a charge of DWI or DUI?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your auto insurance ever been canceled or has any company declined to insure you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any questions above, please explain by giving details:			
Offense	Date	Location	Comments

X. APPLICANT'S STATEMENT AND PRE-EMPLOYMENT BACKGROUND CONSENT AND RELEASE

1	I understand that skinnys , Inc. is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap, disability, or any other category protected by law.	Initials
2	I authorize skinnys , Inc. and its representatives to verify all statements contained in this application, as well as: My education, employment experience, driving record, criminal record, credit history, statement made during the interview process and all other aspects of my background relevant to my propose employment. I understand skinnys Inc. may contact the appropriate credit bureau to obtain investigative consumer reports providing information about my credit history. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the credit investigation.	Initials
3	I further understand that skinnys , Inc. may contact my previous employers and I authorize those employers to disclose to skinnys Inc. all records including information pertaining to my performance, social security number, attendance record, dates of employment, any legal actions pending, last position held, reason for leaving, job responsibilities, rate of pay, rehire eligibility and other information pertinent to my employment with them. I agree to hold all former employers harmless for any such information as my be released by them. I also authorize skinnys , Inc. to provide truthful information concerning my employment with skinnys , Inc. to my future prospective employer(s) and I agree to hold skinnys and its representatives harmless for providing such information.	Initials
4	If employed, I agree to conform to all company policies and procedures of skinnys , Inc. and with all rules and regulations made known at the time of employment or in the future; and to perform all duties assigned to me to the best of my ability. I recognize that my employment is for no definite length of time and my employment and compensation can be terminated at any time, with or without cause, at the option of skinnys Inc. or myself. I also understand that no employee of skinnys Inc. other than an Officer of the Corporation has the authority to enter into any agreement for employment for a specified time of compensation or for a specified time.	Initials
5	This application will be considered active for thirty (30) days from the date below. If I wish to be considered for employment after that time, I understand that I must reapply.	Initials
6	By signing this application, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that, if employed, false statements on this application or false statements during the interviewing process shall be considered sufficient ground for dismissal or denial of employment, regardless of when such falsification may be discovered.	Initials

Signature of Applicant

Date

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