

CLASS _____



EMPLOYMENT APPLICATION

"We are an Equal opportunity employer"

This application will be kept on file for 6 months from date of application: Mgr _____ Date _____

(NOTE: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question)

Date _____ Unit _____

Name _____ SSN _____

Last First Middle

Address _____ Phone () _____

Number Street City State Zip

Type of Position Desired _____ Full Time _____ Part Time _____ Temporary _____

Please insert times on each day you would be available to work.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

How soon would you be available to work? _____

Are you 14 or older? _____ Are you 16 or older? _____ Are you 18 or older _____

U.S. ARMED FORCES HISTORY

U.S Armed Forces Service () Yes () No Branch Of Service _____ From _____ To _____

GENERAL INFORMATION

List Outside interests _____

(Clubs, Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.

Have you ever been convicted of a crime? () Yes () No If so give full details _____

IN CASE OF ACCIDENT OR EMERGENCY PLEASE NOTIFY:

Name Relationship Address Phone No.

EDUCATION

	Elementary					High School				College / University				Graduate / Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree						() Yes () No				() Yes () No				() Yes () No			
Describe Course Of Study	X	X	X	X	X												
Describe Special Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

What type of Business machines have you operated on? _____

Have you ever been employed by this company before? _____ If yes, give dates employed _____

Have you ever been discharged from any position? () Yes () No If yes, explain _____

Do any of your friends or relatives work here? () Yes () No If yes, list _____

**Omit Military Service History – Give present or Most Recent Position First
Information must be complete and accurate**

EMPLOYMENT EXPERIENCE / WORK HISTORY

Start with your present or last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request reference from your present employer? () Yes () No

Name of Employer	Type of Business			Your Title & Duties
Phone No.				
Address	Supervisor / Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State Zip Code				
Name of Employer	Type of Business			Your Title & Duties
Phone No.				
Address	Supervisor / Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State Zip Code				
Name of Employer	Type of Business			Your Title & Duties
Phone No.				
Address	Supervisor / Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State Zip Code				

Is this a complete list of employment? () Yes () No Are we granted permission to check all information? () Yes () No

Indicate by number _____ any of the employers whom you do not want us to contact? _____

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status or disability.

I certify that the information contained in this application is correct to the best of my knowledge and understanding that deliberate falsification of this information is grounds for dismissal in accordance with this company's policy. I authorize the references listed above to give you lawful information concerning my previous employment. I agree to undergo a character investigation and I agree to take a honest verification test in accordance with State and Federal laws upon reasonable suspicion of any and all discrepancies involving my work. I understand that no representative of the company except the President has the authority to enter into my agreement for employment for any specified period of time, nor am I obligated to work for the company for any specified period of time. The President's agreement must be in writing.

SIGN: _____ DATE: _____

IF HIRED, COMPLETE THE FOLLOWING

I HAVE RECEIVED A COPY OF HOLLYWOOD MARKETS RULES AND POLICIES.

SIGNED: _____ DATE: _____

**I UNDERSTAND THAT MY REGISTER SHORTAGES WHICH EXCEED 50¢ WILL BE DEDUCTED FROM MY PAY.
Uncollected checks accepted without following Hollywood's rules & policies will be deducted from my pay.**

SIGNED: _____ DATE: _____

NOTE: This application will be kept current for six months. You need to complete another to be reconsidered after this date.