

# Mo'BETTA GUMBO APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY/WAGE DESIRED
ARE YOU CURRENTLY EMPLOYED?	YES                      NO	IF SO, WHERE?

**EDUCATION**

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				

**GENERAL**

SPECIAL SKILLS/TRAINING	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FORMER EMPLOYERS**

(LIST MOST RECENT EMPLOYER FIRST)

DATE(MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**Please Do not call store about Application**

REFERENCES (GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

SCHEDULE/ AVAILABILITY

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
NIGHT							

DO YOU PLAN ON NEEDING ANY EXTENDED TIME OFF WITHIN THE NEXT 6 MONTHS, IF YES PLEASE EXPLAIN:

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OTHER SCHEDULE REMARKS:

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AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand that I will be hired as a probationary employee and that I can be terminated without cause during this probationary period. I also understand and agree that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

OTHER COMMENTS/REMARKS \_\_\_\_\_

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