

# SCENTSATIONAL

EST. 1998

## Job Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address			
Name (First, MI, Last)		Social Security Number	
Mailing Address			
City, State, and Zip Code			
Telephone		Alternate Phone	
Under 18?		Email	
Days/hours/time available to work - check selection(s)			
<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.			
I am seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Date available to begin	
How many hours can you work per week?			
Can you work night or overnight shifts?			
Additional Information			
Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number	Issued in what state?
Military			
Do you now, or have ever, served in the Armed Forces?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain:
Are you currently a member of the National Guard?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma

### Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company		Name of last supervisor		Hrs/week
Address City, State, and Zip Code		Start Date	Start Wage	
		End Date	Last Wage	
Phone number	Your last job title	Reason for leaving (be specific)		

List the jobs held, duties performed, skills used or learned, advancements or promotions.

May we contact this employer?  Yes  No

Company		Name of last supervisor		Hrs/week
Address City, State, and Zip Code		Start Date	Start Wage	
		End Date	Last Wage	
Phone number	Your last job title	Reason for leaving (be specific)		

List the jobs held, duties performed, skills used or learned, advancements or promotions.

May we contact this employer?  Yes  No

### Work Experience (continued)

Company		Name of last supervisor		Hrs/week
Address City, State, and Zip Code		Start Date	Start Wage	
		End Date	Last Wage	
Phone number	Your last job title	Reason for leaving (be specific)		
List the jobs held, duties performed, skills used or learned, advancements or promotions.				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

Additional Notes or information:

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date