



Snips in Historic Irvington

Indicate Position Applied For:

1. NAME (Last, First, Middle)						
2. ADDRESS: (Number, Street, City, Zip Code)						
3. TELEPHONE		HOME: _____		BUSINESS: _____		
4. SOCIAL SECURITY NUMBER: _____						
5. ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT BIRTH DATE: _____						
6. Have you ever served in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<ul style="list-style-type: none"> • Branch of Service: _____ • Active Duty from: _____ to _____ • Rank Upon Discharge: _____ • Describe any special training and military assignments related to position applied for (if applicable) 						
7. EMPLOYMENT OF RELATIVES: Are you related by blood or marriage to any person now working for Snips? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give name, relationship to you and the department where employed:						
8. EDUCATION: Check the highest grade completed : <input type="checkbox"/> 9 or less <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduate School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						
Schools	Name and Location	Dates Attended (mo/yr)		Graduate?	Course Work	Major/Minor Degree Received
High School		From:	To:	YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
College(s) University(s)				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
Graduate or Professional				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
Other Educational, Vocational School, Internships, Etc.				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
9. SPECIAL TRAINING PROGRAMS AND SEMINARS COMPLETED (LIST): _____ _____						

DATE: _____

DATE AVAILABLE FOR WORK: _____

10. REFERENCES : List 3 persons who are familiar with your qualifications for employment.
Give name, address and telephone number.

NAME	ADDRESS	TELEPHONE

11. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? YES NO
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

12. Skills, CHECK the following skills, experiences, etc. which you have

<input type="checkbox"/> Driver's license Number _____ State __	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Shorthand/speedwriting (specify WPM)
<input type="checkbox"/> Cosmetology license Number _____ State __	<input type="checkbox"/> Adding machine/calculator	<input type="checkbox"/> Word processing skills
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Typing (specify WPM)	<input type="checkbox"/> Other

13. Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying) YES NO
(If yes, explain fully on an additional sheet)

14. WORK HISTORY (Include volunteer experience) Use additional sheets if necessary

Current or Last Employer		Address		
Job Title		Supervisor Name		No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)		Duties:		
Full Time <input type="checkbox"/>	Years	Months		
Part Time <input type="checkbox"/>	Years	Months		
Phone				

Additional Space

Employer			Address				
Job Title			Supervisor Name		No. Supervised by You		
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Separated (mo/yr)	Duties:						
Full Time <input type="checkbox"/>						Years	Months
Part Time <input type="checkbox"/>						Years	Months
Phone							

Employer			Address				
Job Title			Supervisor Name		No. Supervised by You		
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date Separated (mo/yr)	Duties:						
Full Time <input type="checkbox"/>						Years	Months
Part Time <input type="checkbox"/>						Years	Months
Phone							

15. I certify that all the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Snips in Historic Irvington hiring officials. I understand that failure to respond to all parts of this application may result in my application not being considered. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed) _____
Date

NOTE: (IF YOU FORGET TO COMPLETE SOME PART OF THIS APPLICATION OR DO NOT INCLUDE REQUESTED INFORMATION, YOUR APPLICATION MAY NOT BE CONSIDERED.) BEFORE SUBMITTING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
2. LISTED YOUR ZIP CODE CORRECTLY
3. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
4. SIGNED AND DATED YOUR APPLICATION

THANK YOU FOR YOUR INTEREST. SNIPS IN HISTORIC IRVINGTON WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CUSTOMERS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

WORK HISTORY CONTINUATION SHEET – USE AS NEEDED

Employer			Address				
Job Title			Supervisor Name		No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:					
Full Time <input type="checkbox"/>	Years						Months
Part Time <input type="checkbox"/>	Years						Months
Phone							
Employer			Address				
Job Title			Supervisor Name		No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:					
Full Time <input type="checkbox"/>	Years						Months
Part Time <input type="checkbox"/>	Years						Months
Phone							
Additional Space							

