

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Name
Address	City/State	Zip
()		
Telephone Number(s)		Email Address (Optional)
Position(s) Applying For		Date of Application
IOW DID YOU LEARN	ABOUT US?	
Newspaper Advertisement	Internet Advertisemen	t
Friend	Relative	
Walk-In	Lee Michaels Associate	<u> </u>
Other:		



www.lmfj.com

EQUAL OPPORTUNITY EMPLOYER



1. Have you ever filed an application with us before? If yes, give the date:		No
2. Have you ever been employed with us before? If yes, give dates:	Yes	No
3. Are you currently employed?	Yes	No
4. May we contact your present employer?	Yes	No
5. Are you authorized to work in the United States? Proof of identity and authorization to work in the U.S. will be required upon employmment.	Yes	No
6. Are you available to work: Full-Time Part-Time	Season	al
7. On what date would you be available for work?		
8. What is your desired salary?		
9. Can you travel if a job requires it?	Yes	No
10. Within the past 7 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony? Conviction will not necessarily disqualify an applicant from employment.	Yes	No
If yes, please explain:		
11. Do you have a close relationship with a person who would be considered a competitor of Lee Michaels?	Yes	No

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	# OF YRS. COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				
High School				
Other				



EMPLOYMENT HISTORY

Start with your present or last job. Please give accurate, full-time and part-time employment record. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Company Name	Telephone #
	()
Address	Employment Dates (State month and year)
	From To
Name of Supervisor	Hourly Rate/Salary
	Starting Final
Job Title & Work Performed	Reason for Leaving
Company Name	Telephone #
	()
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Name of Supervisor	Hourry Kate/Salary
	Starting Final
Job Title & Work Performed	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.



ADDITIONAL INFORMATION

other experiences.	elated skills and qualification	ons acquire	
2. State any additional informati	ion you feel may be helpful t	o us in cons	sidering your application.
. List professional, trade, busi Fou may exclude membership which would re			
REFERENCES		()
Name	Address		Phone #
Name	Addiess	()
Name	Address		Phone #
T (dille	Tadios	()
Name	Address		Phone #
hereby declare that the information provide finy knowledge. I understand that if employonsidered cause for dismissal. I understand asis, which means that I may resign at any tradestood that this "at will" employment relating is specifically acknowledged in writing gulations of the Employer. The Michaels to make inquires of No" to Question No. 4) and others for the pather persons named on this application to put the policy of this company does not discrimatus protected by an applicable law and company to the protected by an applicable law and company to the protected by an applicable law and company to the policy of this company does not discrimatus protected by an applicable law and company the policy of the policy of this company does not discrimate.	ed by me in the Application for Employ yed, any misstatement or omission of fauld that if I am employed by the Compime and the Employer may discharge me lationship may not be changed by any we go by the Company President. I understate from prior employers (with the exception ourpose of verification of the information or ovide requested information.	net on this application that my enries at any time wis vitten document and, also, that I are on I have provided; sex, age, nation	cation or in interview(s) shall be apployment will be on an "at will" ith or without cause. It is further at or by conduct unless such a arm required to abide by all rules an amployer for whom I have answered ed. I authorize all employers and hal origin, disability, gender, or othe
Signature			Date