



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Do you have any experience working with POS (Point-of-Sale) Systems?  YES  NO

If yes, please state where \_\_\_\_\_

For how long? \_\_\_\_\_

**Please list two references from former employers. If you have never been employed before, please list two references from former professors/teachers.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five (5) years** beginning with your most recent job held. If you were self-employed, give the company name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code  Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
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**May we contact your past and/or current employer?**       Yes    No

**I hereby certify that the information submitted is true and correct to the best of my knowledge.**

Completed by: \_\_\_\_\_ (PRINT)      Date: \_\_\_\_\_  
 \_\_\_\_\_ (SIGNATURE)