

# APPLICATION FOR EMPLOYMENT

South Jersey Party Supply is an equal opportunity employer and all prospective employees will receive equal consideration without discrimination because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation or other status as protected by federal or state law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

P E R S O N A L	Last Name	First	M.	Date
	Street Address			Home Phone
	City,	State,	Zip	Work Phone
	Have you ever applied for employment with us?			Social Security #
	Position Desired	Part-Time or Full-Time		Pay Expected
	Apart from religious observances, are there days or hours you are unable to work? If yes, when?			Will you work overtime if asked?
	Are you legally eligible for work in the United States?			Date Available to start
	Other special training or skills (languages, computers, etc.)			

E D U C A T I O N	School	Name and Location	Course of Study	Did you Graduate?	Degree/ Diploma
	<b>Graduate</b>				
	College				
	Business/ Technical				
	High School				

<b>Membership in Professional or Civic Organizations</b> (Exclude those which may disclose your race, color, religion, or national origin)

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone
	Address	Employment – (state Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone
	Address	Employment – (state Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone
	Address	Employment – (state Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone
	Address	Employment – (state Month and Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>MILITARY</b>	Did you serve in the U. S. Armed Forces:    YES            NO	If "Yes," in which Branch?
	Describe any training relevant to the position for which you are applying.	

## SUPPLEMENTAL INFORMATION

Have you ever applied at our agency before?	YES	NO	If yes, when?
Have you ever worked for our agency before?	YES	NO	If yes, when?
How did you learn of our company and/or position?			
Have you been convicted of a crime in the past seven years? YES NO If yes, please describe in full. If hired, any position which would involve contact with clients will require a criminal background check. Offers of employment are conditional based on the results.			
Have you ever been fired, or asked to resign, from a job?	YES	NO	If yes, please explain.
Do you have the ability, with or without reasonable accommodations, to perform the essential functions of the job for which you are applying?			YES NO
Are you over 18 years of age?	YES	NO	If not, employment is subject to verification of age.
If applying for a position which requires driving, do you have a valid drivers license?		YES	NO
State names of relatives and friends working for us.			
Describe why you are interested in working for our agency.			

## PROFESSIONAL REFERENCES

Name	In what capacity do they know you?	Phone

## APPLICANT AFFIRMATION

1. *I certify that the information provided in this application is true and accurate and without any consequential omissions to the best of my knowledge. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for immediate dismissal.*
2. *I authorize the release of prior employment, salary, education, and other related records to South Jersey Party Supply for the purpose of verifying my references, employment, and educational background.*
3. *If employed, I agree to abide by the rules and regulations of the agency, and my employment and compensation may be terminated with or without good cause and with or without notice at any time at the discretion of the agency or myself.*

**Signature**

**Date**