



Accent on Arrangements, Inc. Employment Application

Name _____ Soc. Sec. # _____

Address _____

City _____ State _____ Zip _____

Phone # (____) ____-____ HOME (____) ____-____ WORK

Cell # (____) ____-____ E-mail _____

Who should we contact in case of an emergency (include phone #)?:

Please indicate city applying within: _____

1. Are you 18 years of age or older? Y N

2. If hired, can you submit verification of your legal right to work in the U.S.? Y N

3. Have you ever been convicted of a Misdemeanor or a Felony?*
(*If yes, write explanation below (this will not necessarily disqualify your application)) Y N

4. Are you able to perform the Requirements of the Job for which you are applying?* Y N

***Job Requirements are listed on the attachment. If no, describe the functions that cannot be performed. We comply with the ADA.**

Please list the hours you would usually be available to work with us:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Education:

____ Current Student

____ Masters

____ Bachelors

____ Associates

____ High School/GED

Please list your major(s):

Additional Qualifications (please check all that apply):

CMP _____

DMCP _____

ECE Coursework - # of units: _____

Bilingual - please list language(s): _____

Other related classes/seminars/certificates (please list):

Job History:

We want to know about your work experience. This includes: volunteer experience, internships, summer, and temporary/part-time jobs. Please list your job history starting with your most recent job first.

Dates (month & year)
Employer Information
(You MUST list current phone #'s)
Position/Duties
Reason for leaving

From: _____ To: _____

Employer: _____

Address: _____

Supervisor: _____

Phone #: _____

Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer ? Y N

From: _____ To: _____

Employer: _____

Address: _____

Supervisor: _____

Phone #: _____

Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer ? Y N

Job History Continued

From: _____ To: _____

Employer: _____

Address: _____

Supervisor: _____

Phone #: _____

Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer ? Y N

Personal References:

Please list the names and phone numbers of **three** persons not related to you (these references must be supervisors, co-workers, or other references).

Dates (month & year)
Reference Information
(You MUST list current phone #'s)
Indicate: supervisor,
co-worker,
or other
Your job

From: _____ To: _____

Reference Name: _____

Address: _____

Type of reference: Supervisor co-worker other

Phone #: _____

Position: _____

Duties: _____

Personal References Continued

From: _____ To: _____

Reference Name: _____

Address: _____

Type of reference: Supervisor co-worker other

Phone #: _____

Position: _____

Duties: _____

From: _____ To: _____

Reference Name: _____

Address: _____

Type of reference: Supervisor co-worker other

Phone #: _____

Position: _____

Duties: _____

Additional or Other Related Experience:

If you have additional experience not listed on this application that you feel we should know about, please attach an extra sheet.

How did you hear about us? _____

I certify that this information is accurate and complete. Giving incomplete or false information is a serious matter and is grounds for dismissal and forfeiture of related benefits. I authorize ACCENT and any of its authorized representatives, to investigate any and all of the information contained in this application and to conduct additional investigations of my experience and background as it relates to my application for hire.

I give my permission to my past employers to provide my performance history to ACCENTI understand that if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain in the employer's employ. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice. I understand that no representations will be made, express or implied, which are contrary to the foregoing. This statement of policy is not subject to change. I have read and understand and agree to the provisions of this application.

Signature

Date

For Office Use Only:

Date Interviewed: _____

Interviewed by: _____

Form completed: _____

Reference check completed: _____