

DUNLOP FAMILY FURNITURE

APPLICATION FOR EMPLOYMENT

929 S. HWY 49 - JACKSON, CA 95642 - 209-223-2220

PERSONAL INFORMATION

NAME (LAST NAME FIRST)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (include address, city state and zip code)	TELEPHONE NUMBER
PERMANENT ADDRESS (include address, city state and zip code)	HOW DID YOU HEAR ABOUT THIS JOB?

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	WHEN CAN YOU START?					
		LIST AVAILABLE TIMES BELOW					
ARE YOU CURRENTLY EMPLOYED? MAY WE CONTACT YOUR PRESENT EMPLOYER?	MON	TUE	WED	THU	FRI	SAT	SUN

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

OTHER INFORMATION

BRIEFLY DESCRIBE YOUR OTHER ACTIVITIES, HOBBIES, SPORTS, ETC.

EMPLOYMENT HISTORY (Beginning with most recent)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

PERSONAL REFERENCES (Please list three people not related to you, whom you have known for at least one year.)

NAME	ADDRESS AND PHONE	OCCUPATION	YEARS KNOWN

Authorization

"I certify that the statements contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination. I authorize investigation of all statements contained herein. The references and employers listed may give you any and all information concerning my previous employment and any information they may have, personal or otherwise, and release the person(s) from all liability for any damage that may result from utilization of such information."

DATE: _____

SIGNATURE: _____