



Date of application _____

For what position are you applying? _____

When can you begin work? _____

Wage Requirements _____

PERSONAL INFORMATION

Name _____ Social Security Number _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____ Telephone No. _____

Are you 18 or older? Yes No If not, age? _____

Have you ever worked for Simple Simon's before? Yes No

If so, what dates? From _____ to _____ Position _____ Location _____

Have you ever applied at Simple Simon's before? Yes No

If so, when? _____

Are you currently employed? Yes No Can your present employer be contacted? Yes No

Have you been laid off and are subject to recall? Yes No Explain _____

Do you have reliable transportation? Yes No

Were you referred by a Simple Simon's employee? If so, whom? _____

If hired, can you provide proof of citizenship? Yes No If you are not a citizen, have you the legal right to remain permanently and work in the United States? Yes No

Have you ever been convicted or pled guilty or no contest to a crime other than a minor traffic offense? Yes No

If yes, please explain _____

Have you ever served in the U.S. Armed Forces? Yes No

Describe any specialized military training _____

REFERENCES

List two references who are not relatives or employers

Name	Phone	How Long?	How acquainted?
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Are you presently in school? Yes No Highest elementary or high school grade completed _____

Did you graduate from high school? Yes No G.E.D

Name and location of college, university, business or trade school	1.		2.	
	Full-time	Part-time	Full-time	Part-time
Major field of study	_____		_____	
Degrees conferred	Title _____		Title _____	
Credit Hours	_____		_____	

WORK EXPERIENCE

1

Name of Present or Last Employer		Type of Business		Address		City	State
Starting Date (Mo./Yr.)	Leaving Date(Mo./Yr.)	Starting Wage	Final Wage	Position		Name of Supervisor	
Type of Job	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Job Description and Responsibilities					
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain reasons/circumstances for changing or wanting to change jobs					
If we contact this employer, would you expect them to say they would rehire you? <input type="checkbox"/> Yes <input type="checkbox"/> No					Employer's Phone Number		

2

Explain _____

Name of Next Previous Employer		Type of Business		Address		City	State
Starting Date (Mo./Yr.)	Leaving Date(Mo./Yr.)	Starting Wage	Final Wage	Position		Name of Supervisor	
Type of Job	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Job Description and Responsibilities					
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain reasons/circumstances for changing or wanting to change jobs					
If we contact this employer, would you expect them to say they would rehire you? <input type="checkbox"/> Yes <input type="checkbox"/> No					Employer's Phone Number		

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Explain _____

Name of Nest Previous Employer		Type of Business		Address		City	State
Starting Date (Mo./Yr.)	Leaving Date(Mo./Yr.)	Starting Wage	Final Wage	Position		Name of Supervisor	
Type of Job	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Job Description and Responsibilities					
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain reasons/circumstances for changing or wanting to change jobs					
If we contact this employer, would you expect them to say they would rehire you? <input type="checkbox"/> Yes <input type="checkbox"/> No					Employer's Phone Number		

Explain _____

SIGNATURE

I certify that all of the information provided by me in this application is true and complete. I understand any misstatement, falsification or omission of information is grounds for refusal to hire, or if hired, grounds for termination. I authorize the person and organizations identified in this application to give you all information concerning my previous employment, education or any other information they might have. I release all such parties from liability from any damages which may result from furnishing such information to you. I authorize you to verify all information given on this application and to contact all references, previous employers and schools. I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer. I agree to follow the rules and regulations of the company, and my employment and compensation can be modified or terminated with or without cause and with or without notice at any time, at the option of either the company or myself. I understand that no manager or representative of the company has any authority to enter into any oral agreement regarding the terms of my employment, length of employment or compensation.

Signed _____ Date _____