

The Fly Shop, Inc.

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT FOR SIGNATURE.

APPLICATION FOR EMPLOYMENT

Applicants May Be Tested For Illegal Drugs

Please Complete The Following Pages:

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Number Street City State Zip

How Long: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

If under 18, please list age: \_\_\_\_\_

Position Applied (1) \_\_\_\_\_  
Salary Desired (2) \_\_\_\_\_  
(Be Specific)

Days/hours available to work:  
No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can You Work Nights? \_\_\_\_\_

Employment desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Full or Part Time

When will you be available to start? \_\_\_\_\_

Type of School	Name of School	Location (Complete mailing address)	Years at School	Major & Degree
High School			-	
			-	
College			-	
			-	
Bus. Or Trade School			-	
			-	
Professional School			-	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**MILITARY**

Have you ever been in the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are you now a member of the National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Please list your work experience for the **past five years** beginning with your most recent  
**WORK EXPERIENCE** job held. If you were self-employed, give firm name. **Attach additional sheets if  
 necessary.**

Name of employer: Address: City, State, Zip Code:  Phone Number:	<b>Name of last supervisor</b>	<b>Employment Dates</b>	<b>Pay or salary</b>
		From: To:	Start: Final:
	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:			

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Your Last Job Title:			

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May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, who did? \_\_\_\_\_

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I also give permission for The Fly Shop to conduct a background check to verify the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_