

Employment Application

As an equal opportunity employer, The Exclusive Company does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, sexual orientation, age, religion, disability or national origin. The Exclusive Company only hires individuals authorized for employment in the United States.



FOR OFFICE USE ONLY

Position Desired: _____
 Full time Part time
 Temporary / Seasonal
 Salary: \$ _____ per hr.
 Location: _____
 Start Date: _____

Date of Application _____
 Expected Wage \$ _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Are you authorized for employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address	City	State Zip	How long have you lived there? Yrs. _____ Mos. _____
Previous Street Address	City	State Zip	How long did you live there? Yrs. _____ Mos. _____
Home Phone Number (Including Area Code)	Cell Phone:		If you are under the age of 18, please state your age:

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
HIGH SCHOOL	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City State			
COLLEGE	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City State			
OTHER	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City State			

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. May we contact your current employer? Yes No

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From: ___/___/___ Mo. Yr.	Name	Your Job Title		Starting	
To: ___/___/___ Mo. Yr.	Address			Final	
	Phone	Supervisor			
From: ___/___/___ Mo. Yr.	Name	Your Job Title		Starting	
To: ___/___/___ Mo. Yr.	Address			Final	
	Phone	Supervisor			
From: ___/___/___ Mo. Yr.	Name	Your Job Title		Starting	
To: ___/___/___ Mo. Yr.	Address			Final	
	Phone	Supervisor			

Have you ever been discharged from a job(s)? ___ Yes ___ No If Yes, please provide details, including place(s) of employment, location(s), date(s), supervisor's name(s), and circumstances of the discharge(s):

