



JOB APPLICATION

Appddiction Studio is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

APPLICANT INFORMATION

Applicant Name

Address

City

State

Zip Code

Cell Number

Home Number

Email Address

Date of Application

EMPLOYMENT POSITION

Position(s) applying for

How did you hear about this position?

What days are you available for work?

What hours or shift available for work?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

PERSONAL INFORMATION

Have you ever applied to or worked for Appddiction Studio before? _____

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Appddiction Studio? _____

If yes, state name & relationship: _____

Are you 18 years of age or older? YES NO

Are you a U.S. citizen or approved to work in the United States? YES NO

What document can you provide as proof of citizenship or legal status? _____

Will you consent for a mandatory controlled substance test? YES NO

Do you have any condition which would require job accommodations? YES NO

If yes, please describe accommodations required _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Appddiction Studio complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applications/ employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION AND TRAINING

HIGH SCHOOL

Name	Location (City, State)	Year Graduated	Degree Earned

COLLEGE/UNIVERSITY

Name	Location (City, State)	Year Graduated	Degree Earned

VOCATIONAL SCHOOL/SPECIALIZED TRAINING

Name	Location (City, State)	Year Graduated	Degree Earned

MILITARY

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

EMPLOYMENT HISTORY

Please include your three (3) most recent employers.

EMPLOYER 1

Employer _____

Company Phone _____

Address _____

City _____ State _____ Zip Code _____

Supervisor _____ Phone Number _____

Position/Title _____
If supervisory, number of employees you supervised: _____
Description of Duties: _____

Start Date:Month _____ Year _____ End Date: Month _____ Year _____
Reason for Leaving _____

EMPLOYER 2

Employer _____
Company Phone _____
Address _____
City _____ State _____ Zip Code _____
Supervisor _____ Phone Number _____
Position/Title _____
If supervisory, number of employees you supervised: _____
Description of Duties: _____

Start Date: Month _____ Year _____ End Date: Month _____ Year _____
Reason for Leaving _____

EMPLOYER 3

Employer _____
Company Phone _____
Address _____
City _____ State _____ Zip Code _____
Supervisor _____ Phone Number _____
Position/Title _____
If supervisory, number of employees you supervised: _____
Description of Duties: _____

Start Date :Month _____ Year _____ End Date: Month _____ Year _____
Reason for Leaving _____

PROFESSIONAL REFERENCES

Please list at least two references. One of your references can be a fellow peer, but the other reference has to be a professional reference. A professional reference can be someone that you have worked with, a current or former supervisor, or anyone else that is able to provide us information on your work ethics and overall professionalism.

REFERENCE 1

Name of Reference Contact	
Relationship	
Facility Name	
How Long Have You Known the Reference?	
Phone Number of the Reference?	
When is the best time to Contact the Reference?	
Notes or comments	

REFERENCE 2

Name of Reference Contact	
Relationship	
Facility Name	
How Long Have You Known the Reference?	
Phone Number of the Reference?	
When is the best time to Contact the Reference?	
Notes or comments	

REFERENCE 3

Name of Reference Contact	
Relationship	
Facility Name	
How Long Have You Known the Reference?	
Phone Number of the Reference?	
When is the best time to Contact the Reference?	
Notes or comments	

Applicant Signature

Date