



## Application for Employment

Applicant Information																	
Full Name:									Date:								
<i>Last</i>				<i>First</i>				<i>M.I.</i>									
Address:																	
<i>Street Address</i>						<i>Apartment/Unit #</i>											
<i>City</i>						<i>State</i>			<i>ZIP Code</i>								
Phone:		(    )				E-mail Address:											
Date Available:				Social Security No.:						Desired Salary:		\$					
Position Applied for:																	
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Have you ever worked for Fuzziwig's Candy Factory or Sweets from Heaven?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when and where?									
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>											
If yes, explain:																	
Education																	
High School:								Address:									
From:				To:				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
College:								Address:									
From:				To:				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
Other:								Address:									
From:				To:				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
References																	
<i>Please list two professional references.</i>																	
Full Name:						Relationship:											
Company:						Phone:						(    )					
Address:																	
Full Name:						Relationship:											
Company:						Phone:						(    )					
Address:																	

**Previous Employment**

Company:					Phone:	(    )	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	(    )	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	(    )	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**Military Service**

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:					Date:	
------------	--	--	--	--	-------	--

**FCF/SFH Use Only - Please leave blank**

*Interviewer Comments:*

Interview Date/Time:			Manager's Signature:			
----------------------	--	--	----------------------	--	--	--