

# Application for Employment

Position You Are Applying For: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Home Phone: _____	Cell Phone: _____	Email address: _____	
Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied for employment at 3Sixty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to our Company? <input type="checkbox"/> Indeed <input type="checkbox"/> Employee Referral <input type="checkbox"/> Airport Employee <input type="checkbox"/> Other			

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

EMPLOYMENT	
Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES**

Name	Title	Company	Phone

**SCHEDULE AVAILABILITY**

Retail stores are open seven days a week and the schedule could vary due to some flight delays. Please fill in the days and times that you would be available to work.

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain:

\_\_\_\_\_

Days and Hours Available:(If employed, the notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**Acknowledgment and Authorization**

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_