

# Mangelsen's

*everything that inspires*

## APPLICATION FOR EMPLOYMENT FORM

Mangelsen's is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis including race, religion, color, sex, age, national origin, marital status or disability. Please answer all the following questions as completely as possible.

Your application will be considered active for six months.

### PERSONAL INFORMATION:

NAME:				
Last		First		Middle
ADDRESS:				
Number		Street	City	State Zip
TELEPHONE:			LAST 4 OF SS #:	
Referred by: (circle one) Current Team Member Newspaper Ad Other: _____			Email Address:	

### EMPLOYMENT DESIRED

Position	Full Time	Part Time	Temporary	
Salary Desired				
If you were employed under a name other than your present name, please indicate the former name for reference checking purposes:				
Have you ever been discharged or requested to resign from a position? If yes, give circumstances:				
Days/Hours Available	Hours Available: from _____ to _____	What date are you available to start work?		
		Dept	Interest	Experience
Sunday		Art Supplies		
Monday		Cake Décor		
Tuesday		Candles		
Wednesday		Cashier		
Thursday		Crafts/Fabrics		
Friday		Floral		
Saturday		Framing		
Do you have any training for the position you are applying for?		Party Goods		
		Prop Room		
		Christmas		
		Office		

**EDUCATION:**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade School				

**WORK EXPERIENCE:**

Please list your work experience beginning with your most recent job held. Attach additional sheets if necessary.  
 May we contact your present employer?  Yes  No

Name of employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates
		From
		To
Your last job title:		
Reason for leaving:		
List the jobs you held, duties performed, skills used or learned while you worked at this company:		

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		From
		To
Your last job title:		
Reason for leaving:		
List the jobs you held, duties performed, skills used or learned while you worked at this company:		

Name of employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates
		From
		To
Your last job title:		
Reason for leaving:		
List the jobs you held, duties performed, skills used or learned while you worked at this company:		

**WORK EXPERIENCE:** (continued)

Name of employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	
		From	
		To	
Your last job title:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned while you worked at this company:			

**REFERENCES:**

Please list several references other than relatives.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

Have you been convicted of any felony or misdemeanor, other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_

I certify that 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.

Signature	Date
Driver's License #	State: