



TO APPLY: Download the application – Complete and submit it to
bpayrot@amylynninc.com

PERSONAL

Date: _____ Location Application _____

Legal Name _____ Middle _____ (optional)

Current Address _____

City _____ State _____ Zip Code _____

Previous Address _____

City _____ State _____ Zip Code _____

Cell Phone (____) _____ - _____ Email _____

Do you prefer to be contacted via phone or email? _____

Are you available to work overtime if asked? Yes _____ No _____

Which type of employment are you seeking? Full Time _____ Part Time _____

Do you have any obligations or restrictions to your availability? Yes _____ No _____

Pay expected _____

Do you have reliable transportation? Yes _____ No _____

Are you eligible for employment in the United States? Yes _____ No _____

Do you have any friends or relatives currently working for us? Yes _____ No _____

If yes, list name and location _____

How did you learn of our organization? _____

EDUCATION & TRAINING

High School

Name _____ City _____ State _____

Years Completed _____ Diploma or GED Equivalent? Yes _____ No _____

College or Vocational/ Trade

Name _____ City _____ State _____

Years Completed _____ Did you Graduate? Yes _____ No _____

Course of Study _____

Please list any special skills you have acquired. (Language, machine operation, etc.)

EMPLOYMENT HISTORY

Please give an accurate & complete employment record. Start with the most recent or present employer. We require the applicant to account for all time periods, including unemployment, self-employment, and military service. Attach additional pages if necessary.

Company Name _____
Address _____
City _____ State _____
Name of Supervisor _____
Hourly Compensation _____
Job Title _____
Description of Work _____

Start Date _____ End Date _____
Reason for Leaving _____

Company Name _____
Address _____
City _____ State _____
Name of Supervisor _____
Hourly Compensation _____
Job Title _____
Description of Work _____

Start Date _____ End Date _____
Reason for Leaving _____

Company Name _____
Address _____
City _____ State _____
Name of Supervisor _____
Hourly Compensation _____
Job Title _____
Description of Work _____

Start Date _____ End Date _____
Reason for Leaving _____

Company Name _____
Address _____
City _____ State _____
Name of Supervisor _____
Hourly Compensation _____
Job Title _____
Description of Work _____

Start Date _____ End Date _____
Reason for Leaving _____

***** We will contact the employers which you have listed above, unless you indicate those you do not want us to contact *****

DO NOT CONTACT

Employer _____

Reason _____

Employer _____

Reason _____

MILITARY

Complete this section ONLY if you served in the U. S. Armed Forces

Branch of Service _____

Active Duty (month & year) _____

Rank at Discharge _____

Date of Discharge _____

Describe your duties & any special training _____

ELIGIBILITY

Are you at least 18 years of age? Yes _____ No _____

Are you able to perform the basic job duties required of retail sales? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____

If yes, with which employers _____

Have you been convicted of a felony crime within the past ten years? Yes _____ No _____

If yes, describe in full. (A conviction does not automatically mean you will not be offered a job.)

Can you submit documents to verify a legal right to work in the U.S.? Yes _____ No _____

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION DUE TO RACE, SEX, COLOR, NATIONAL ORIGIN, RELIGIOUS BELIEFS, OR DISABILITIES.

I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FOR FRUNISHING SUCH INFORMATION TO YOU.

I AUTHORIZE YOU TO REQUEST, RECEIVE AND VERIFY ALL INFORMATION GIVEN ON THIS APPLICATION.

Signature _____

Date _____

ALL INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. IF YOU DECIDE TO ENGAGE IN AN INVESTIGATIVE CONSUMER REPORTING AGENCY OR REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY, I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED, YOU MUST PROVIDE AT MY REQUEST, THE NAME AND ADDRESS OF THE AGENCY SO I MAY OBTAIN FROM THEM, THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

Signature _____

Date _____