



EMPLOYMENT APPLICATION

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET

CITY STATE ZIP

PHONE NO. () _____ E-Mail: _____

AGE REQUIREMENTS: Some jobs have legal requirements that one be at least 18 years of age

ARE YOU 18 YEARS OF AGE OR OLDER? _____

IF UNDER 18 YEARS OF AGE, CAN YOU, AFTER BEING HIRED, SUBMIT A WORK PERMIT? _____

CAN YOU, AFTER BEING HIRED, SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT, STATE NAME AND POSITION _____

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS RELATIONSHIP PHONE

EMPLOYMENT POSITION DESIRED: (YOU MAY CHECK MORE THAN ONE)

- SELLERS ATTENDANT
- RIDES / ARCADE
- CLEAN-UP
- OTHER _____
- PARKING LOT ATTENDANT
- SECURITY (Requires Guard Card / CPR / First Aid)

DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF YES, MAY WE CONTACT YOUR EMPLOYER? _____

ADDITIONAL JOB RELATED QUALIFICATIONS _____

EDUCATION:

GRAMMAR SCHOOL _____
NAME CITY STATE DID YOU GRADUATE?

HIGH SCHOOL _____
NAME CITY STATE DID YOU GRADUATE?

COLLEGE _____
NAME CITY STATE DID YOU GRADUATE?

EMPLOYMENT HISTORY (LIST EMPLOYERS, STARTING WITH MOST RECENT)

EMPLOYER	JOB DESCRIPTION DUTIES	DATES OF EMPLOYMENT	REASON FOR LEAVING
NAME: ADDRESS: PHONE:		FROM: TO:	
NAME: ADDRESS: PHONE:		FROM: TO:	
NAME: ADDRESS: PHONE:		FROM: TO:	

REFERENCES (LIST THREE PEOPLE OVER 21, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	BUSINESS	ADDRESS	PHONE	YEARS KNOWN

HAVE YOU EVER WORKED FOR THE FLEA MARKET? _____
IF YES, PLEASE STATE LAST DATE OF EMPLOYMENT.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment i agree to conform to the rules and regulations of the Flea Market, Inc., and my employment and compensation can be terminated with or without notice, at anytime, for any reason, or without any cause, at the option of either The Flea Market, Inc., or myself, I understand that no manager, officer or representative of The Flea Market, Inc., other than the president of The Flea Market, Inc., has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary of the foregoing.

APPLICANT'S SIGNATURE _____