



# EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Are you legally authorized to work in the United States on a full-time basis?  Yes  No

Type of Employment Desired:  Full-Time  Part-Time Expected Salary: \_\_\_\_\_

Date Available to Start if Hired: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please provide dates and details: \_\_\_\_\_

Age: Only if Under 18 \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment.  
Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

## Previous Employment (Most recent jobs held)

Name of Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Education			
Name of Schools	Last Grade/Year Completed	Did you Graduate?	Degree or Diploma
Last High School			
Jr. College, College or University			
Technical, Graduate or Vocational Schools			
Other Training or Certificates			

What special skills and/or qualifications do you have that will enable you to perform this job well?

---



---



---



---



---

Hours Available To Work	
Sunday	To
Monday	To
Tuesday	To
Wednesday	To
Thursday	To
Friday	To
Saturday	To

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

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

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

**Please return completed applications via email to [sales@denosfriedpies.com](mailto:sales@denosfriedpies.com) or in person to 3621 Pottsboro Rd, Denison TX (office located on 2nd story above the mini-storage facility office)**