

Today's Date \_\_\_\_\_



How did you learn about us?

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Texting Phone # \_\_\_\_\_

Email \_\_\_\_\_

What date would you be able to start work at Korona's? \_\_\_\_\_

Desired Wage an hour? \$ \_\_\_\_\_

Maximum number of hours you can work a week? \_\_\_\_\_

Are you eligible to work in the United States? circle- yes or no

Have you ever been convicted of a felony? circle- yes or no

If yes, please describe the circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?

circle- yes or no

If yes, please describe the circumstances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Days/Hours Available

Tuesday \_\_\_\_\_

SATURDAY \_\_\_\_\_

Wednesday \_\_\_\_\_

(Mandatory all day on Saturdays)

Thursday \_\_\_\_\_

Sunday \_\_\_\_\_

Friday \_\_\_\_\_

Monday \_\_\_\_\_

Do you have a Facebook account? circle- yes or no

If no, will you be able to get one to be a part of our employee group? circle- yes or no

Do you have access to a computer or able to download a phone app to login to our work schedule?

circle- yes or no

Math Problem:

If a garment costs \$250 and the tax rate is 8.25%, how much tax will you add to the purchase price?

\_\_\_\_\_

(Remember to round up! Your answer should have 4 numbers and a decimal point. Ex. \$00.00)

Example:  $200 \times 0.0825 = 16.50$ , so the answer is \$16.50 in tax added to the \$200 purchase.

**EDUCATION:**

High School Name \_\_\_\_\_ Location \_\_\_\_\_

Years attended \_\_\_\_\_ Degree Received circle- yes or no

High School Name \_\_\_\_\_ Location \_\_\_\_\_

Years attended \_\_\_\_\_ Degree Received circle- yes or no

College Name \_\_\_\_\_ Location \_\_\_\_\_

Years attended \_\_\_\_\_ Degree Received circle- yes or no

Major(s) \_\_\_\_\_

College Name \_\_\_\_\_ Location \_\_\_\_\_

Years attended \_\_\_\_\_ Degree Received circle- yes or no

Major(s) \_\_\_\_\_

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

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT:**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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

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

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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

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

**ACKNOWLEDGMENT AND AUTHORIZATION:**

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date