

Libby Story, Inc. Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT Page 1

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____ Email Address _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long have you lived at this address: _____ Position Desired _____

Telephone (Day) _____ Telephone (Evening) _____ Telephone (Mobile) _____

Minimum Hourly Wage or Salary Desired (Be Specific) _____ Date Available For Work _____

Are you at least 18 years old? Yes No
 Please note you may be required to provide proof of age after hire.

I am interested in:
 Full-time 30 – 40 hrs. per week Part-time 0–29 hrs. per week Seasonal Holiday/Summer

If under 18, please list age _____

Please clearly indicate the hours you are available to work each day between 9:00 am – 6:00 am:

Social Security No. _____ - _____ - _____

S	M	T	W	TH	F	S

If you have worked for our company before? _____, state where, when, final position, and reason for leaving.

We require a minimum availability of three shifts per week
 Note: Should your availability change, it is your responsibility to notify your supervisor.

Have you ever applied to our company before? If yes, where and when? _____

Are you legally eligible to work in the United States of Amreica? Yes No
 Do you now, or will you in the future, require sponsorship for employment visa status? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Computer Skills

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PC <input type="checkbox"/> Mac	Other Skills	_____			

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Applicant's Statement

If I become employed, I agree to abide by the rules and regulations of Libby Story, Inc. All the information I have supplied in this job application is true and complete statement of the facts and, if I become employed, I agree that any false statement, misrepresentation or omission may result in my immediate dismissal without further payment to me. I authorize all persons, schools, employers and other organization named in this application to provide Libby Story, Inc. with relevant information that may concern my employment or prospective employment with Libby Story, Inc. I also understand that, for employment purposes investigative background inquiries may be required. By signing this job application, I acknowledge having been given notice that Libby Story, Inc. to obtain such a report and I authorize, without reservation, any person, party or agency (including law enforcement or government agency) contacted by Libby Story, Inc. to release all information about me.

All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, I agree that any false statement, misrepresentation or omission may result in immediate dismissal. I understand that Libby Story, Inc. may share the information contained in this application with other Libby Story, Inc. employees for employment and administrative purposes and hereby consent to such transfer. I further authorize you to contact all of my previous employers or references for full information regarding my employment history.

Signature

Date

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.