

<b>Application For Employment</b>	This <b>COMPANY</b> is an Equal Opportunity Employer and considers applicants for employment on the basis of the qualifications of the job without regard to race, color, sex, religion, national origin, age or disability.
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<b>PERSONAL</b>			
LAST NAME	FIRST	MIDDLE	BIRTHDAY
PRESENT ADDRESS	CITY	STATE	ZIP
TELEPHONE #	SOCIAL SECURITY #		
DO YOU HAVE ANY PHYSICAL/MENTAL IMPEDIMENT THAT MIGHT IMPINGE UPON THE JOB YOU ARE APPLYING FOR?    YES    NO			
IF SO, EXPLAIN:			

<b>JOB AND AVAILABILITY</b>		
POSITION APPLYING FOR:		
STATUS PREFERRED: FULL-TIME    PART-TIME	IF PART-TIME, HOW MANY HOURS PER WEEK?	DATE AVAILABLE FOR WORK:
EXPECTED WAGE:		

<b>GENERAL AND REFERENCES</b>		
DO YOU HAVE ARRANGEMENTS FOR TRANSPORTATION?	YES	NO
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO IF YES, WHY? _____
HAVE YOU BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR CRIME THAT RESULTED IN FINES, CONFINEMENT IN JAIL OR PRISON, PERIODS OF PROBATION OR DEFERRED ADJUDICATION OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE FULL DETAILS INCLUDING DATES AND COUNTY (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT)		
LIST 3 WORK-RELATED REFERENCES WHO ARE NOT RELATIVES:		
NAME	COMPANY & ADDRESS	PRESENT TITLE    TELEPHONE #
1.		
2.		
3.		

<b>EDUCATION</b>
HIGHEST GRADE COMPLETED: _____
DETAILS ABOUT COLLEGE, DEGREES OR OTHER EDUCATION: _____

## PREVIOUS WORK EXPERIENCE

(LIST BELOW YOUR PAST EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)

FIRM NAME AND ADDRESS (PLEASE INCLUDE CITY AND STATE)

TELEPHONE #

SUPERVISOR'S NAME

POSITION:

DATES EMPLOYED:

/ / TO / /

BRIEF DESCRIPTION OF JOB DUTIES:

REASON FOR LEAVING:

SALARY OR WAGE:

START: END:

FIRM NAME AND ADDRESS (PLEASE INCLUDE CITY AND STATE)

TELEPHONE #

SUPERVISOR'S NAME

POSITION:

DATES EMPLOYED:

/ / TO / /

BRIEF DESCRIPTION OF JOB DUTIES:

REASON FOR LEAVING:

SALARY OR WAGE:

START: END:

FIRM NAME AND ADDRESS (PLEASE INCLUDE CITY AND STATE)

TELEPHONE #

SUPERVISOR'S NAME

POSITION:

DATES EMPLOYED:

/ / TO / /

BRIEF DESCRIPTION OF JOB DUTIES:

REASON FOR LEAVING:

SALARY OR WAGE:

START: END:

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

WHY DO YOU WANT THIS POSITION?

**DESCRIBE YOUR WORK HABITS:**

**DESCRIBE ANY COMPUTER EXPERIENCE YOU HAVE (Please include specific programs you have used):**

**Do you type (without looking at the keyboard)?** YES NO

**If Yes, how many word per minute?** \_\_\_\_\_

**DO YOU HAVE ANY COLOR PERCEPTION IMPAIRMENTS? YES NO**

**WOULD YOU SAY THAT YOU ARE A CREATIVE PERSON, PARTICULARLY RELATING TO DESIGN? YES NO**  
**IF YES, PLEASE GIVE AN EXAMPLE WHEN YOU UTILIZED THIS CREATIVITY**

**HOW GOOD ARE YOU AT WRITING AND COMPOSITION?**

**WHAT EXPERIENCE DO YOU HAVE IN WRITING AND COMPOSITION?**

**USE THIS BOX FOR ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE:**

### **APPLICANT'S STATEMENT (READ CAREFULLY BEFORE SIGNING)**

- I hereby certify that the foregoing statements are true and correct. I authorize Greenhouse Gallery of Fine Art to investigate my entire work history and verify all data given in the foregoing application and in any resume submitted by me. I understand that any false statements or material omissions will be grounds for denying my application, or for discharging me if discovered subsequent to my employment.
- I hereby authorize Greenhouse Gallery of Fine Art to conduct an investigative report on me, as defined in Public Law 91-508 and I understand that if any inquiry is made, more information as to its nature and scope will be supplied upon written request.
- I authorize the giving of any information requested by Greenhouse Gallery of Fine Art in conjunction with its investigation of my application, and I release from liability any person or company who provides information about me to Greenhouse Gallery of Fine Art.
- I understand that if employed, my employment will be on at "at will" basis: this means that my employment may be terminated at anytime for any reason without notice or cause. I also understand that no one has authority to modify my at-will status verbally.
- I agree to submit to a medical or psychological examination whenever asked by the company. I also agree to submit to a urinalysis, blood or other test to detect the presence of drugs or alcohol whenever requested and to cooperate in company investigations.
- If hired, I agree to abide by all the safety rules, regulations and policies of the company and any revision, which may be made from time to time.
- I also understand that if hired, I will be subject to a six-month probationary period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_