

BRAND-ON SERVICES, INC.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK ONLY)

If you have a resume, please attach with COMPLETED application.

PERSONAL INFORMATION:

FULL NAME _____ S.S.# _____ - ____ - _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ CELL/PAGER _____ REFERRED BY _____

POSITIONS WANTED _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, CAN WE CALL YOUR EMPLOYER _____

NAME OF CURRENT EMPLOYER _____

PHONE NUMBER OF CURRENT EMPLOYER _____

EDUCATION:

| | Name of School? | Expected date of graduation? | Major and/or Diploma? |
|------------------------------------|-----------------|------------------------------|-----------------------|
| High School | | | |
| College and/or Trade School | | | |

PREVIOUS EMPLOYMENT:

(Please list at least 2. If no prior experience, please list any experience for which you were paid for duty/task completed.)

| Dates of Employment: | Employer name, contact person and location: | Phone Number | Position Held | Reasons for leaving: |
|----------------------|---|--------------|---------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

CONTINUED ON OTHER SIDE

AVAILABILITY:

Please list your current availability: (MAY – OCTOBER). If you are in school, please indicate last date of school: _____

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------|--------|---------|-----------|----------|--------|----------|--------|
| A.M. | | | | | | | |
| P.M. | | | | | | | |

ARE YOU WILLING TO WORK EXTRA TIME IF CALLED IN SHORT NOTICE? YES or NO.

ARE YOU OVER 21 YEARS OF AGE? YES or NO. IF NOT, ENTER YOUR DATE OF BIRTH ____/____/____.

IF UNDER 18, DO YOU HAVE WORKING PAPERS? YES or NO.

DO YOU HAVE A DRIVERS LICENSE or PHOTO ID? YES or NO.

HAVE YOU EVER BEEN CONVICTED? YES or NO. _____

DO YOU HAVE ANY MEDICAL LIMITATIONS? YES or NO. IF SO, EXPLAIN _____.

PERSONAL REFERENCES:

PLEASE LIST THREE REFERENCES OF PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

| NAME | BUSINESS/EMPLOYMENT | YEARS KNOWN | PHONE # |
|----------|---------------------|-------------|---------|
| #1 _____ | _____ | _____ | _____ |
| #2 _____ | _____ | _____ | _____ |
| #3 _____ | _____ | _____ | _____ |

DATE _____ SIGNATURE _____

QUESTIONS FOR SECURITY APPLICANTS ONLY:

CAN YOU SWIM? _____

ARE YOU NYS CERTIFIED? _____

HAVE YOU ANY MEDICAL TRAINING, FIRST AID or CPR? _____ IF SO, EXPLAIN _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____
REMARKS: _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ START DATE _____

BRAND-ON SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER