

Humdingers

64 E. Midland Ave. Paramus, NJ 07652
EMPLOYMENT APPLICATION

NAME: _____ DATE: _____

EMAIL: _____ SOCIAL SECURITY NUMBER: _____

STREET CITY STATE ZIP

PHONE NO: OTHER NO: ARE YOU AT LEAST 18 YEARS OLD? YES ___ NO ___

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ___ NO ___

IF YOU WERE REFERRED, BY WHOM? DATE YOU CAN START?

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO HUMDINGERS BEFORE? WHEN?

POSITION APPLIED FOR:

EDUCATION	NAME AND LOCATION OF SCHOOL	* NO. OF YEARS ATTENDED	DATE OF GRADUATION	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

HOURS AVAILABLE: M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

NOTES ABOUT HOURS IF ANY (ADD BELOW):

DO YOU CONSIDER YOURSELF AN OUTGOING PERSON?

WHY DO YOU WANT TO WORK AT HUMDINGERS AND IN WHAT WAY CAN YOU CONTRIBUTE TO HUMDINGERS?

DESCRIBE YOUR MOST REWARDING SCHOOL/WORK EXPERIENCE.

TELL US ABOUT YOUR HOBBIES AND/OR OTHER LIFE EXPERIENCES.

WHAT ARE YOUR STRENGTHS & WEAKNESSES?

COMPUTER / SOCIAL MEDIA / GRAPHIC DESIGN SKILLS:

ANY OTHER INFORMATION, EXPERIENCES OR SKILLS YOU MAY WANT TO TELL US ABOUT. (LIST BELOW)

FORMER EMPLOYERS: LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST				
DATE MONTH AND YEAR	NAME, PHONE, CITY OF EMPLOYER	WAGE / SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE LEAST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. WE WILL CALL ALL FORMER EMPLOYERS AND REFERENCES AFTER YOUR INTERVIEW UNLESS DIRECTED OTHERWISE.

	NAME	PHONE	HOW YOU KNOW THIS PERSON	YEARS ACQUAINTED
1.				
2.				
3.				

HUMDINGERS IS A DRUG FREE WORK ENVIRONMENT. ALL APPLICANTS, UPON BEING APPROVED FOR A POSITION MAY BE DRUG TESTED. ONCE EMPLOYED, RANDOM DRUG TESTS AND CRIMINAL BACKGROUND CHECKS MAY FOLLOW. EMPLOYMENT IS CONDITIONED UPON PASSING ANY DRUG TESTS.

IN CASE OF EMERGENCY
CONTACT:

NAME	ADDRESS	PHONE NO.
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"I certify that the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time in consideration of my employment. I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement or employment for any specific period of time, or to make any agreement contrary to the foregoing."

SAFETY & SECURITY HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR CRIME INVOLVING THEFT, FRAUD, OR BREACH OF TRUST? YES OR NO (circle) IF YES, PLEASE EXPLAIN:

I have read, understand and, by my signature, consent to these statements.

DATE:

SIGNATURE OF APPLICANT:

DO NOT WRITE BELOW THIS LINE DATE OF INTERVIEW MEETING:

INTERVIEWED BY:

REMARKS:

ENTHUSIASM: APPEARANCE (NEATNESS, ETC.):

HIRED: YES ___ NO ___ POSITION:

SALARY/WAGE: START DATE:

APPROVED BY: 1. 2.

AGM / GM

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.
(AN EQUAL OPPORTUNITY EMPLOYER) 21016