

Sew Suite Studio Employment Application

Name	Date
Social Security #	Referred by
Street Address	
City	State Zip
Mailing Address	
City	State Zip
Home Phone	Other Contact #

Background Information

Are you legally eligible to hold employment in the United States?

☐ Yes

☐ No

Are you at least 18 years old?

☐ Yes

☐ No

Are you related to anyone employed by area Quilt/Sewing Stores?

☐ Yes

☐ No

If yes, give the name of the person(s), relationship and location below:

Have you ever been convicted of a felony or a first-degree misdemeanor?

☐ Yes

☐ No

If yes, what charges? _____

Where convicted? _____

Date of conviction ____/____/____

Have you ever pled 'nolo contendere' or pled guilty to a crime, which is a felony or a first-degree misdemeanor?

☐ Yes

☐ No

If yes, what charges? _____

Where convicted? _____

Date of conviction ____/____/____

Have you ever had the adjudication of guilt withheld to a crime that is a felony or a first-degree misdemeanor?

☐ Yes

☐ No

If yes, what charges? _____

Where convicted? _____

Date of conviction ____/____/____

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

EDUCATION

Please circle the highest education level completed:

High School: 9 10 11 12 College: 1 2 3 4 Technical School: 1 2 Grad School: 1 2 3 Other? _____

College, University or Professional School (Transcripts may be required)

Name of School	Location (City and State)	Dates of Attendance (Month/Year)	Credit Hours Earned	Major/ Minor Course of Study	Type of Degree Earned

Job-Related Training or Course Work:

Name of School	Location (City and State)	Dates of Attendance (Month/Year)	Credit Hours Earned	Course of Study	Completed? Yes or No

CLERICAL	OFFICE TECHNOLOGY	SECRETARIAL	SOFTWARE
<input type="checkbox"/> General Clerk <input type="checkbox"/> Senior Clerk <input type="checkbox"/> File Clerk <input type="checkbox"/> Mail Clerk <input type="checkbox"/> Copy Clerk <input type="checkbox"/> Customer Service	<input type="checkbox"/> Typist (30-40 wpm) <input type="checkbox"/> Intermediate (40-55 wpm) <input type="checkbox"/> Advanced (55+ wpm) Data Entry: <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric <input type="checkbox"/> 10 Key <input type="checkbox"/> Receptionist <input type="checkbox"/> Switchboard Operator	<input type="checkbox"/> General Secretary <input type="checkbox"/> Executive <input type="checkbox"/> Specialized <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Engineering <input type="checkbox"/> Bilingual <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Office Manager	<input type="checkbox"/> Win 95 <input type="checkbox"/> Win 98 <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Power-point <input type="checkbox"/> ADP <input type="checkbox"/> Other Payroll <input type="checkbox"/> Platinum <input type="checkbox"/> Oracle

EMPLOYMENT HISTORY

Begin with the most recent employer and provide all employment in the past 5 years; include complete addresses and telephone numbers. Attach additional sheet, if needed.

Employer Name:	Phone: ()
Address:	
Your Job Title:	Supervisor's Name:
Dates Employed: ____/____/____ to ____/____/____ Hours Worked Per Week:	
Duties and Responsibilities:	
Reason For Leaving:	

Employer Name:	Phone: ()
Address:	
Your Job Title:	Supervisor's Name:
Dates Employed: ____/____/____ to ____/____/____ Hours Worked Per Week:	
Duties and Responsibilities:	
Reason For Leaving:	

Employer Name:	Phone: ()
Address:	
Your Job Title:	Supervisor's Name:
Dates Employed: ____/____/____ to ____/____/____ Hours Worked Per Week:	
Duties and Responsibilities:	
Reason For Leaving:	

Employer Name:	Phone: ()
Address:	
Your Job Title:	Supervisor's Name:
Dates Employed: ____/____/____ to ____/____/____ Hours Worked Per Week:	
Duties and Responsibilities:	
Reason For Leaving:	

PERSONAL REFERENCES

Name	How Known?	Phone
		()
		()
		()

List Guild Memberships and offices held: _____

Anything else you would like us to know about? (use the back if needed)

I hereby certify that the answers contained herein and on any attachments are true, correct, complete and made in good faith. I also understand that an omission or falsification will result in a refusal to hire me or my immediate dismissal if discovered only after I have been hired. I understand that any information I give will be investigated as allowed by law. I consent to the release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Sew Suite Studio for employment purposes and hereby direct that each such entity fully disclose to Sew Suite Studio any and all information they may have about me. This consent and direction shall continue to be effective during my employment if I am hired.

Employee Signature

Date