

Dollar Life, LLC

Application For Employment

Equal Opportunity Employer

Personal Information			Date	
Full Name			Social Security No XXX-XX-	
Address		City	State	Zip
Phone	Mobil	E-Mail		
Date available to start	Position you are applying for	Salary Requirement		
How were you referred to us?				
Are you over 18 years old?		Yes	No	
If under 18 & we require a work permit, can you furnish one?		Yes	No	
Have you ever applied to Dollar Life Before?		Yes	When	No
Have you ever worked for Dollar Life, LLC before?		Yes	When	No
Are you a Citizen of the United State?		Yes	No	
If not, are you legally allowed to work in the United States?		Yes	No	
Have you ever pleaded " Guilty," " no contest," or been convicted of a crime?			Yes	No
If yes, please explain				
Answering "Yes" Does not constitute an automatic rejection for employment. Rather such factors as age & date of the convection, seriousness and nature of the crime & rehabilitation will be considered.				

Education History

	Name & Location	Yrs Attended	Date graduated	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

General Information

Summarize Your Special Skills or Qualifications
US Military Or Naval Service

References Give below the name of three persons not related to you

Name	Address & Phone Number	Profession	Yrs Known

Previous Employment (Begin with most recent position)

Date of Employment From _____ To _____		Position Held
Name & address of Employer		
Phone	Supervisor	Title
Reason for leaving		
Starting Salary	Ending Salary	May we contact them?
Date of Employment From _____ To _____		Position Held
Name & address of Employer		
Phone	Supervisor	Title
Reason for leaving		
Starting Salary	Ending Salary	May we contact them?
Date of Employment From _____ To _____		Position Held
Name & address of Employer		
Phone	Supervisor	Title
Reason for leaving		
Starting Salary	Ending Salary	May we contact them?
Date of Employment From _____ To _____		Position Held
Name & address of Employer		
Phone	Supervisor	Title
Reason for leaving		
Starting Salary	Ending Salary	May we contact them?

Authorization

I hereby authorize investigation of all statements contained in this application. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice.

Date ----- ***Signature*** -----