



CHAPTER ONE

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86 East Main Street
Mendham, NJ 07945
973-224-7858

Employment Application

Personal Information

Full name: _____ Date: _____

First Middle Last

Date of Birth: ____/____/____ Preferred Pronouns: _____

Address: _____

Street Address Apt/Suite

City State Zip Code

Email: _____ Phone: ____-____-____

Social Security Number (SSN): ____-____-____

Date Available: _____

Employment Desired: Full-Time Part-Time Seasonal

Emergency Contact

Full name: _____ Relationship: _____

Address: _____

Street Address Apt/Suite

City State Zip Code

Email: _____ Phone: ____-____-____

Employment Eligibility

Are you legally eligible to work in the U.S.? Yes No

Have you ever worked for this employer? Yes No

*If yes, write the start and end dates: _____

Have you ever been convicted of a felony? Yes No

*If yes, please explain:.....

Education

High School:..... City/State:.....

From:..... To:.....

Graduate? Yes No Diploma:.....

College:..... City/State:.....

From:..... To:.....

Graduate? Yes No Degree:.....

Other:..... City/State:.....

From:..... To:.....

Degree/Certification:.....

Other:..... City/State:.....

From:..... To:.....

Degree/Certification:.....

Previous Employment

Employer 1:.....

Company/Individual

Address:.....

Street Address

Apt/Suite

City

State

Zip Code

Email:..... Phone:..... -

Starting Pay:\$..... Hour Salary

Ending pay:\$..... Hour Salary

Job Title:..... Responsibilities:.....

Start Date:_____ End Date:_____

Reason For Leaving:_____

Employer 2:_____

Company/Individual

Address:_____

Street Address

Apt/Suite

City

State

Zip Code

Email:_____ Phone:_____ - _____ - _____

Starting Pay:\$_____ Hour Salary

Ending pay:\$_____ Hour Salary

Job Title:_____ Responsibilities:_____

Start Date:_____ End Date:_____

Reason For Leaving:_____

Employer 3:_____

Company/Individual

Address:_____

Street Address

Apt/Suite

City

State

Zip Code

Email:_____ Phone:_____ - _____ - _____

Starting Pay:\$_____ Hour Salary

Ending pay:\$_____ Hour Salary

Job Title:_____ Responsibilities:_____

Start Date:_____ End Date:_____

Reason For Leaving:_____

References (Professional Only)

Full Name:_____ Relationship:_____

First

Last

Company:_____ Title:_____

Email:----- Phone:----- - ----- - -----

Full Name:----- Relationship:-----

First

Last

Company:----- Title:-----

Email:----- Phone:----- - ----- - -----

Full Name:----- Relationship:-----

First

Last

Company:----- Title:-----

Email:----- Phone:----- - ----- - -----

Disclaimer

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application to be considered, please fully complete all applicable fields.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature----- Date-----

Print Name-----