

EMPLOYMENT APPLICATION

Applicant Information

Check all applicable boxes

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Cell: () _____ SSAN: _____

Position Applied for: _____ Desired Salary: _____

Date Available: _____ I can work: Full Time Part Time

I can work at the following locations: Honolulu Aiea Kailua

I can work on: Saturday Yes No Sunday Yes No

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Employment History

List most recent first, check all applicable boxes

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? Yes No

Industry: _____ Length of Employment: _____ Wage Rate: _____
From To Hourly Salary

Position: _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? Yes No

Industry: _____ Length of Employment: _____ Wage Rate: _____
From To Hourly Salary

Position: _____ Reason for Leaving: _____

Responsibilities: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? Yes No

Industry: _____ Length of Employment: _____ Wage Rate: _____
From To Hourly Salary

Position: _____ Reason for Leaving: _____

Responsibilities: _____

Education

Institution City State Graduate

High School: _____ Yes No

College: _____ Yes No

Other: _____ Yes No

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Questionnaire

Check all applicable boxes

Do you own a bicycle? Yes No If yes, how often do you ride? _____

What types(s) do you own? _____

List any cycling experiences: _____

Are you currently participating in other sports? Yes No

If so, please list in order of preference: _____

Why do you want to work for The Bike Shop? _____

How would you be an asset to The Bike Shop? _____

Do you have any interests or obligations that may conflict with working here? Yes No

If so, please explain: _____

Do you have experience using computers? Yes No Can you touch type? Yes No
 PC MAC Word Excel Access Publisher POS Systems

Disclaimer and Signature

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____

Date: _____
