ARTISANS EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name	Address _				
City	_ State	Zip Code			
Emergency Number	Email Ad	ldress			
Primary Phone Number					
Days and Hours Available and Class S	Schedules Presen	nt and Future Known			
Mon: Tues:	Wed	Thurs			
FriSat	_ Sun				
What position are you applying? What starting hourly pay would you	need for employ	Number of Hours Requesting yment? ducation			
	hool? or a High School Graduate?				
Are you presently in College:					
What is the highest level completed	11 2 3 4	?			
What degrees do you have or are po	ursuing	?			
Do you have a legal right to work an	ıd remain in the I	United States?			
violation?		anor or any other offense other than a minor traffic			
If yes, please explain					
Note: A conviction will not necessar					

explain	_				yes, please
Could you provide a crimi	nal record background cl	heck if reques	ted?		
Are you able to run errandare you able to work over				ow coordina	ited with your schedule,
Listed below are jobs and	tasks you may be asked	to perform dı	ıring your	employmer	nt with Artisans. Please
check the ones you are un	·				
Stocking	Painting (walls)	General Cle	aning	Gift Wra	pping
What limitations do you h	ave that might have a di	rect bearing c	n your jol	performar 	ice?
		Vork History			
	(List in Order La	ist or Present i	Employer I	First)	
Employer Name:		Pł	ione		
Employer Name: Street Address		City		State	Zip
Job Title					
Job Responsibilities					
Starting Compensation	Final Co	Final Compensation			
Supervisor	Reason for				
For reference purposes, m	nay we contact this empl	loyer?			
Employer Name:		Pł	ione		
Street Address					
Job Title					_
Job Responsibilities					
Starting Compensation	Final Compensation				
Supervisor	Reason for Leaving				
For reference purposes, m	nay we contact this empl	loyer?			

Employer Name:	Phone		
	City		
	Dates Worked		
Job Responsibilities			
Starting Compensation	Final Compensation	·	
Supervisor	Reason for Leaving		
For reference purposes, m	nay we contact this employer?	_	
	Phone		
	City		Zip
Job Title	Dates Worked		
Job Responsibilities			
Starting Compensation	Final Compensation	<u></u>	
Supervisor	Reason for Leaving		
For reference purposes, m	nay we contact this employer?	_	
Do you use a computer or	n a regular basis? What software	are you familiar w	ith using?
	ications that should be considered which i	_	
may be asked and give inf my work habits, character	s and also authorize and request each forn formation that may be sought in connection or, skills or my action in any transaction. I co terial omission or misrepresentation shall b	n with this applica ertify that the info	tion or concerning me or rmation herein is complete
Signature	Date		