

# Car-Mart

## Employment Application

APPLICANT INFORMATION							
Last Name			First			M.I.	
Street Address					Apartment/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Are you at least 18 years old?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		If No, Date of Birth	___ ___/___ ___/___ ___	
Date Available							
Type of Employment		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>		Summer <input type="checkbox"/>	
Position Applied for							
Location Applied for		Benton <input type="checkbox"/>	Marion <input type="checkbox"/>	Mt. Vernon <input type="checkbox"/>		Any <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Availability</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Do you have a valid driver's license		YES <input type="checkbox"/>	NO <input type="checkbox"/>				

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES					
<i>Please list three professional references. (non-related)</i>					
<b>Full Name</b>			Relationship		Phone ( )
<b>Full Name</b>			Relationship		Phone ( )
<b>Full Name</b>			Relationship		Phone ( )

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTRIBUTES
<i>List your five best attributes    Bonus points for Creativity</i>
1.
2.
3.
4.
5.

DISCLAIMER AND SIGNATURE
<p>I certify that the information contained in this application is correct and accurate to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or immediate termination of employment at any point in the future if I am hired.</p> <p>I herby authorize the verification of any and all information provided on this form.</p>
<p><b>Signature:</b> _____ <b>Date:</b> _____</p>