

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Delight Wish

24725 W Eames St

Channahon, IL 60410

Phone # 815-335-4448

delightwish@gmail.com

EMPLOYEE INFORMATION

Full Name: _____

Address: _____

Telephone: _____ Other telephone: _____ Email: _____

Are you 18 years of age or older? Yes ___ No ___

If hired can you show proof of your legal right to work in the U.S.? Yes ___ No ___

Have you ever been dismissed, or asked to resign from any position? Yes ___ No ___

Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? Yes ___ No ___

A yes answer to the above question does not necessarily disqualify an applicant from employment.

If yes to two previous questions, please explain:

EMPLOYMENT

Position for which you are applying: _____ Pay Desired: _____ per _____

Date available to start: _____

Will accept: Full-Time ___ Part-Time ___ Temporary ___

If needed, are you available to work overtime? Yes ___ No ___

EMPLOYMENT HISTORY

List most recent employment first. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 7 years history recommended.

Employer: _____ Telephone Number: _____

Address: _____

Job title/duties, skills: _____

Start date: _____ End date: _____ Hourly Rate: _____

Reason for Leaving: _____

Employer: _____ Telephone Number: _____

Address: _____

Job title/duties, skills: _____

Start date: _____ End date: _____ Hourly Rate: _____

Reason for Leaving: _____

Employer: _____ Telephone Number: _____

Address: _____

Job title/duties, skills: _____

Start date: _____ End date: _____ Hourly Rate: _____

Reason for Leaving: _____

Employer: _____ Telephone Number: _____

Address: _____

Job title/duties, skills: _____

Start date: _____ End date: _____ Hourly Rate: _____

Reason for Leaving: _____

Employer: _____ Telephone Number: _____

Address: _____

Job title/duties, skills: _____

Start date: _____ End date: _____ Hourly Rate: _____

Reason for Leaving: _____

Which of these jobs did you like best? _____

What did you like most about this job? _____

EDUCATION AND TRAINING

College, Business School, Military (most recent first):

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/ University				
Business/ Technical				
Additional				

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Are you a veteran? Yes ____ No ____

Military title: _____

Duty/ specialized training: _____

Other qualifications such as special skills, abilities or honors that should be considered:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

REFERENCES

Name: _____ Title & Company _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____ Title & Company _____

Address: _____

Telephone: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Telephone: _____ Other Phone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Other Phone: _____ Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Delight Wish to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

I have carefully read the above certification and I understand and agree to its terms.

Applicant's Printed Name: _____

Signature of Applicant _____ Date _____