PICK UP STIX APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Name			DIRECTIONS: PLEASE ANSWER EVERY QUESTION. PRINT.				
LAST		FIRST MIDDLE INITIAL				TODAY'S DATE	
Present Address					Phone # _		
		CITY	STATE				
Permanent Add	ress STREET	CITY	STATE	ZIP	Phone # _		
Are you over eighteen years of age? 🛛 Yes 🔲 No Can you, after employment, submit a work permit if under 18 years of age? 🗅 Yes 🗅 No							
Do you have a legal right to work in the United States? Yes No If you are not a citizen, can you submit proof of your legal right to work, if you are offered a job? Yes No							
How were you re	eferred to Pick I	Jp Stix?					
Have you ever worked for us before?							
PLACEMENT INFORMATION							
Job applying for: 🗖 Full-time 🗖 Part-time							
Circle days available: M T W TH F SA SU							
Please list hours available (a.m. or p.m.) Mon-Fri Sat Sun							
When could you start work?							
Do you have any outside activities that would keep you from work? 🛛 Yes 🛛 No							
If yes, please explain							
EDUCATION AND TRAINING							
School	Name and Location			# of Years Complete	Ŭ		
High School							
Business School							
College							
Other							
List scholastic honors, offices held, or activities:							
Are you planning to pursue further studies?							
Any training or experience that relates to this position?							

EMPLOYMENT RECORD	DIRECTIONS: COMPLETE YOUR WORK HISTORY CAREFULLY. BEGIN WITH YOUR PRESENT POSITION OR LAST POSITION HELD AND WORK BACK, SHOWING EACH POSITION WORKED. DO NOT SKIP ANY TIME PERIODS. IF YOU WERE OUT OF WORK, ATTENDING SCHOOL, OR SICK, STATE SO, GIVING DATES. IF YOU DO NOT HAVE PREVIOUS EXPERIENCE, LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE (3) BUSINESS PEOPLE (PERSONAL REFERENCES), NOT RELATIVES, THAT KNOW YOU WELL.					
Company Name Street Address, City, State, Zip	Supervisor's Name Company Phone Number	Job You Held Responsibilities	Date Started Mo/Yr	Date Left Mo/Yr	Total Months or Years	Reasons for Leaving (If discharged, state reason)
May we contact your present supervisor? Yes No Phone No: () If not, please list two references we may contact (names and telephone numbers):()						

IMPORTANT! PLEASE READ BEFORE SIGNING

I hereby certify that all the information in this employment application is true and complete. I understand that my employment may be terminated for any false statement, or concealment, or failure to answer any question fully and accurately regardless of when it is discovered by Pick Up Stix.

I authorize an investigation of all matters and statements in this application that Pick Up Stix may deem relevant to my employment. Pick Up Stix will keep information obtained confidential, except where such information is required to be released by law, order of court, or other authority.

I authorize my previous employers and other persons having information about me to release such information to Pick Up Stix.

I understand that if I am employed by Pick Up Stix, no contract of employment, expressed or implied, will be granted. I further understand that my employment may be terminated at any time with or without notice, and with or without cause.

I agree that if I become employed with Pick Up Stix, I will be required to read and comply with all rules, policies, and regulations.

SIGNATURE OF APPLICANT	DATE
PICK UP STIX/STIX HOLDINGS, LLC IS A	AN EQUAL OPPORTUNITY EMPLOYER