



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:				
NAME (LAST, FIRST):		SOCIAL SECURITY NUMBER:		
PRESENT ADDRESS:		APT.#:	CITY:	STATE: ZIP:
PERMANENT ADDRESS:		APT.#:	CITY:	STATE: ZIP:
ARE YOU 18 YRS OR OLDER? (circle) YES NO		PHONE:		
AVAILABILITY? MON:	TUES:	WED:	THURS:	FRI: SAT: SUN:

DESIRED EMPLOYMENT:		
POSITION:	START DATE:	SALARY DESIRED:
ARE YOU EMPLOYED NOW? (circle) YES NO	MAY WE CONTACT YOUR EMPLOYER? (circle) YES NO	
HOW DID YOU HEAR ABOUT PLANET FUNK?		

EDUCATION:				
SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YEARS	GRADUATED?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL:
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (circle) YES NO (conviction of a crime does not automatically disqualify an applicant from consideration) IF YES, PLEASE EXPLAIN:

This application form is intended for use in evaluating your qualifications for employment with Planet Funk. Please answer all questions completely and accurately. Any misrepresentation or omission will render this application void and will be grounds for terminating the employment process or, if discovered after employment, grounds for terminating employment. All qualified applicants will be considered without discrimination because of sex, marital status, race, age, creed, national origin or presence of disabilities.

SIGNATURE _____ **DATE** _____



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FORMER EMPLOYERS:		
NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:		
START DATE:	LEAVE DATE:	JOB TITLE:
STARTING PAY:	FINAL PAY:	
NAME OF SUPERVISOR:	TITLE:	PHONE:
MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO	REASON FOR LEAVING?	
DESCRIPTION OF WORK:		

NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:		
START DATE:	LEAVE DATE:	JOB TITLE:
STARTING PAY:	FINAL PAY:	
NAME OF SUPERVISOR:	TITLE:	PHONE:
MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO	REASON FOR LEAVING?	
DESCRIPTION OF WORK:		

NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS:		
START DATE:	LEAVE DATE:	JOB TITLE:
STARTING PAY:	FINAL PAY:	
NAME OF SUPERVISOR:	TITLE:	PHONE:
MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO	REASON FOR LEAVING?	
DESCRIPTION OF WORK:		