



Hot Yoga Inc. Employment Application Form

PLEASE TYPE ALL INFORMATION
REQUESTED
EXCEPT SIGNATURE

OFFICE ONLY
MGR _____ LOC _____

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____

NAME _____

Last
First
Middle
Maiden

PRESENT ADDRESS _____

Number
Street
City
State
Zip

How long _____ SOCIAL SEC. NO _____ - _____ - _____
 Telephone () _____ EMAIL _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

DAYS / HOURS AVAILABLE

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE CERTIFICATE
High School				
College				
Bus./Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

What is your means of transportation to work? _____

DRIVER'S LICENSE NUMBER _____

State of issue _____ EXP. DATE _____

Have you had any accidents during the past three years? ___ Yes ___ No How Many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No How Many? _____

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Typing ___ Yes ___ No _____ WPM 10-key ___ Yes ___ No Word Processing ___ Yes ___ No _____ WPM

Personal ___ Yes ___ PC Other _____

Computer ___ No ___ Mac Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for additional information.

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	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No		
Specialty _____ Date Entered _____ Discharge Date _____		

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
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Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of last Supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

CANIDATES NAME

CANIDATES SIGNATURE

SIGN HERE
DATE