



Full Name _____ How you like to be referred to _____ Social Security Number _____

Primary Phone Number _____ Alt. Phone Number _____ Address _____

Date of Birth _____

Sticks has two locations: Preston Avenue and Pantops. Circle which you are applying for.

Position interested in _____ Referred by (i.e. classifieds, Sticks employee, etc.) _____ Start Availability _____ Desired Pay _____

Are you currently employed? _____ If so, may we contact your present employer? _____ Tel. # _____

Have you applied here before? _____ If so, when? _____

PREVIOUS EMPLOYMENT

Dates Worked	Employer-Telephone-Address	Position(s)	Pay	Reason For Leaving

Which job was your favorite and why? _____

REFERENCES (Give the names of three people not related to you, whom you have known at least one year)

Name	Telephone and Address	Line of Work	Years Known

Please complete reverse side as well.



EDUCATION HISTORY (Most recent first)

School Name and Location	Years Attended	Graduated?	Subjects Studied

SPECIAL SKILLS OR INTERESTS If you like, please list any special skills, subjects of special study or research, hobbies, etc, you may have, or languages you may know.

Are you a United States Citizen? _____ If no, do you have a green card and/or work visa? _____
Were you ever in the U.S. Military or Naval Service? _____ If so, please list your rank. _____
Have you ever been convicted of a felony? _____ Do you have any medical or physical conditions that prevent you from particular activities? If so, please describe. _____

ADDITIONAL COMMENTS Please use this space to add anything you might like or to elaborate on any previous answers. _____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ **Signature:** _____