

Bio-Fusion Designs Application For Employment

- I hereby grant Bio-Fusion Designs permission to perform a full background check

- I am able and willing to work full-time (40 hrs/week)

- I am able and willing to work part-time (20 hrs/week)

- I own a valid drivers license

X _____

Date: _____

Fill out all information to the best of your ability. All forms that are found to contain false information will be discarded.

PERSONAL INFORMATION

Name (First, Middle, Last)

Phone

Address

Birth Date

City/State/Zip

Email

Are you legally authorized to work in the United States?

yes no

Emergency Contact

Phone Number

Relationship to you

Emergency Contact

Phone Number

Relationship to you

EDUCATION/TRAINING

Have you obtained a highschool diploma or GED certificate?

yes no

School Name & Location

Diploma/Degree

School Name & Location

Subject of Specialization

Diploma/Degree

EMPLOYMENT HISTORY--Begin with most recent employment

Company Name

Beginning/End Date [mm/yy]-[mm/yy]

Position(s) Held/Duties

City/State

Contact Name

Phone

Reason for Leaving

May we contact this employer?

yes no

Company Name

Beginning/End Date [mm/yy]-[mm/yy]

Position(s) Held/Duties

City/State

Contact Name

Phone

Reason for Leaving

May we contact this employer?

yes no

Company Name

Beginning/End Date [mm/yy]-[mm/yy]

Position(s) Held/Duties

City/State

Contact Name

Phone

Reason for Leaving

May we contact this employer?

yes **no**

Why are you interested in working at Bio-Fusion Designs?

Do you own a water feature? For how many years? Briefly describe it.

CREW SPECIFIC SKILLS

Check all that you have at least 6 months experience in:

- | | |
|--|--|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Able to lift heavy objects |
| <input type="checkbox"/> Long shifts (8-12hrs) | <input type="checkbox"/> Operate Heavy Machinery |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Owns a valid driver's licence |

Other relevant skills/abilities:

- _____

STORE SPECIFIC SKILLS

Check all that you have at least 6 months experience in:

- | | |
|--|---|
| <input type="checkbox"/> Quickbooks | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Operate Skid-steer |
| <input type="checkbox"/> Stocking shelves | <input type="checkbox"/> Answering Telephones |
| <input type="checkbox"/> Internet Browsers | <input type="checkbox"/> Touchscreen Registers |
| <input type="checkbox"/> Creating Displays | <input type="checkbox"/> Opening/Closing Up [keyholder] |

Owns a valid driver's licence

Landscaping

Other relevant skills/abilities:

- _____

Do you speak any other languages? _____

SCHEDULE

Check all where you are Available

	Morning	Afternoon	Evenings
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What date can you begin working?

Are there any upcoming dates you cannot work?

REFERENCES--Give the names of three persons not related to you

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information on this application is true and accurate to the best of my knowledge

Date

Print Name

Signature