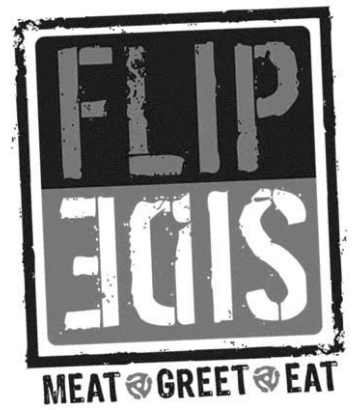


# FLIPSIDE EMPLOYMENT APPLICATION



PLEASE PRINT ALL INFORMATION	
First Name	
Last Name	

CONTACT INFORMATION					
Street Address		Apartment/Unit #			
City		State	ZIP		
Phone		E-mail			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you over 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you over 21?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION							
High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES			
<i>Please list two professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

# FLIPSIDE EMPLOYMENT APPLICATION

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>AVAILABILITY FOR LUNCH &amp; DINNER SHIFTS---PLEASE ENTER YES OR NO</b>						
MON	TUES	WED	THURS	FRI	SAT	SUN
/	/	/	/	/	/	/
LUNCH / DINNER	LUNCH / DINNER	LUNCH / DINNER	LUNCH / DINNER	LUNCH / DINNER	LUNCH / DINNER	LUNCH / DINNER

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date