

Bharat Bazar Inc. Application

Date of Application: _____

Desired Location: _____

Name: _____

Address: _____

Telephone Number: _____ Male or Female: _____

Type of employment you want: _____ Full-time Permanent
_____ Part-time

What days/hours can you work? We are looking for people who can work on

Weekday and/or weekend shifts? _____

What is your Nationality? _____

What Languages do you speak? _____

Are you familiar with computers? _____

Personal

Date of Birth _____

Are you able to work flexible hours? _____ Yes _____ No

Have you ever been convicted of, or charged with, a felony or a misdemeanor?

If yes, list date and place. _____ Yes _____ No

Education

College _____ Degree _____

High School _____ Highest Grade Completed _____

Previous Work Experience

1. _____

2. _____

Employment Record

List most recent employment first. Include all former employers and self employment.

Employer's Name _____
Address _____
Phone Number _____
Supervisor's Name _____
Start Pay/End _____ Reason for leaving _____
Job Title _____ Dates of Employment _____ to _____
Describe duties _____

Employer's Name _____
Address _____
Phone Number _____
Supervisor's Name _____
Start Pay/End _____ Reason for leaving _____
Job Title _____ Dates of Employment _____ to _____
Describe duties _____

Employer's Name _____
Address _____
Phone Number _____
Supervisor's Name _____
Start Pay/End _____ Reason for leaving _____
Job Title _____ Dates of Employment _____ to _____
Describe duties _____

References

Please provide the names of 3 references who know you from a work environment.

Name _____

Company _____

Phone Number _____

How long has reference known you? _____

Please provide the names of 3 references who know you from a work environment.

Name _____

Company _____

Phone Number _____

How long has reference known you? _____

*****Please

provide the names of 3 references who know you from a work environment.

Name _____

Company _____

Phone Number _____

How long has reference known you? _____

I certify that the above information is true and complete to the best of my knowledge. I authorize _____ to contact all sources necessary to verify this information. I understand that any misstatement or omission is sufficient grounds for immediate discharge.

Signature _____ Date _____