

Application For Employment

You can type information directly into each field.
The application must be fully completed to be considered.
You are required to complete each section.

Personal Information

Name:

Address:	City	State	Zip
Phone Number:	Email Address:		
Mobile Number:	Date of Birth:		

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes ☐ No ☐

Position

Position You Are Applying For:	Available Start Date:	Desired Pay:
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Year Attended	Degree Recieved	Major

References

Name	Title	Comapany	Phone

Employement History

Employer (1)	Job Title	Dates Employed
Work Phone	Starting Pay	Ending Pay Rate

Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	



make IT happen

#9 Kendal Hill, Ch. Ch. Barbados
Tel: +1 (246) 538-8888 | Fax: +1 (246) 428-4454

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