

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		
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:
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Employment Desired ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From								
To								
Overnight								

Education

School Name	Location	Year Attended	Degree Recieved	Major

References

Name	Title	Comapany	Phone

Employment 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

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