

# SMOKE INN, LLC

## Employment Application

### APPLICANT INFORMATION

Last Name		First	M.I.	Date	
Street Address			Apartment/Unit #		
City		State	ZIP	Date of Birth: ___/___/___	
Phone		E-mail Address			
Date Available		Social Security No.	Desired Salary		
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? 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

### GENERAL INFORMATION

Please Circle All That Apply

MS EXCEL	MS WORD	P.O.S	OTHER	IF OTHER PLEASE SPECIFY _____	
DO YOU SMOKE?	YES	NO	CIGARS	CIGARETTES	HOW LONG?
FAVORITE BRAND(S)					

**DO NOT WRITE IN THIS BOX**

**PREVIOUS EMPLOYMENT**

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO 

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO 

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO **MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

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
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