

COLOURS inc.

Pennsylvania - Maryland
New York - New Jersey

JOB APPLICATION

Social Security #

Date

NAME:

LAST

FIRST

INITIAL

ADDRESS:

TEL:

CITY

PROVINCE

POSTAL CODE

Position Applied For: _____ Date Available: _____

Valid Drivers License # _____ State _____

Have you ever been convicted of a felony? Yes___ No___
If hired are you willing to take a drug test? Yes___ No___

Education History	Name & Location	Degree
High School		
University / College		
Other		

Employment History (most current first)	
Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employed From: To:	Salary:
Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employed From: To:	Salary:

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employment from: To:	Salary:

References		
Name	Occupation	Telephone
1		
2		
3		

Skills	
<input type="checkbox"/> Calculator	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> PC	<input type="checkbox"/> Inventory
<input type="checkbox"/> Macintosh	<input type="checkbox"/> Heavy Machinery
<input type="checkbox"/> Typewriter WPM	<input type="checkbox"/> Other explain _____
<input type="checkbox"/> Shorthand WPM	_____
<input type="checkbox"/> Sales	_____

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee.

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Interviewer _____	Date _____
Comments: _____	

Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>