

Pastry's Ltd. DBA Horizons Supplies - Mamora Bay, Antigua Tel: 268-562-1581/2 AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE:		POSITION DESIRED:		
NAME (LAST):	FIRST:	SALARY/WAGE DESIRED:		
SOCIAL SECURITY #:		AVAIL. START DATE:		
MEDICAL BENEFITS #:		FULL TIME: PART TIME:		
ADDRESS:		DAYS/SHIFTS YOU CANNOT WORK?		
NATIONALITY:		CAN YOU WORK OVERTIME?		
PHONE: (HOME)	(CELL):	DO YOU HOLD A DRIVER'S LICENSE?		
DATE OF BIRTH:	AGE:	MARITAL STATUS (SINGLE): (MARRIED):		

WORK EXPERIENCE

List your previous experience beginning with the most recent position. Use supplemental sheet more space is needed.

EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
STARTING POSITION:	STARTING POSITION:
LAST POSITION:	LAST POSITION:
FINAL SALARY:	FINAL SALARY:
DATES EMPLOYMENT: FROM TO	DATES OF EMPLOYMENT: FROM TO
IMMED. SUPERVISOR:	IMMED. SUPERVISOR:
DUTIES:	DUTIES:
REASON FOR LEAVING:	REASON FOR LEAVING:

EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
STARTING POSITION:	STARTING POSITION:
LAST POSITION:	LAST POSITION:
FINAL SALARY:	FINAL SALARY:
DATES EMPLOYMENT: FROM TO	DATES OF EMPLOYMENT: FROM TO
IMMED. SUPERVISOR:	IMMED. SUPERVISOR:
DUTIES:	DUTIES:
REASON FOR LEAVING:	REASON FOR LEAVING:



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EDUCATION AND TRAINING

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SCHOOL	NAME AND ADDRESS	YEARS COMPLETED	GRADUATE (YES/NO)	MAJOR	
SECONDARY					
COLLEGE					
ADDITIONAL TRAINING					
ADDITIONAL EMPLOYMENT HISTORY INQUIRIES					
HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? YES NO IF YES, PLEASE EXPLAIN					
EXCEPT FOR VACATIONS AND HOLIDAYS, HOW MANY DAYS WERE YOU ABSENT DURING THE PAST TWELVE MONTHS? 0-6 DAYS 6-12 12-20 21+ DAYS COMMENTS:					
POLICE RECORD / PERMISSION TO WORK HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE A CLEAN POLICE RECORD CERTIFICATE? YES NO IF NOT, STATE WHY?					
PHYSICAL LIMITATION / EMERGENCY NOTIFICAITON					
DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFOM THE JOB FOR WHICH YOU ARE APPLYING FOR? YES NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?					
PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: PHONE: ADDRESS:					
CAREER OBJECTIVE					
WHY ARE YOU	INTERESTED IN WORKING FOR HORIZONS SUPPLIES LTD. A	ND WHAT ARE YO	OUR CAREER OF	BJECTIVES?	

APPLICANT STATEMENT

I HEREBY AFFIRM THAT THE INFORMATION PROVIED ON THIS APPLICATION (AN ACCOMPANING RESUME, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT ANY FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES, AGREE TO COOPERATE IN SUCH AN INVESTIGATION, AND RELEASE FORM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING INFORMATION.

I UNDERSTAND THAT THIS APPLICATION IS VALID FOR 180 DAYS; I WILL REAPPLY AFTER THAT TIEM IF I AM STILL INTERESTED IN EMPLOYMENT.

SIGNATURE	:
	By filling out your name on the above signature line, this will constitute as your e-signature and will be treated the same as your regular signature.
DATE:	

OFFICE INFORMAITON

REFERENCE CHECK	DATE COMPLETED