



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:



EDUCATION AND TRAINING

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 NOTIFICATION

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM 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: _____ RELATIONSHIP: _____
 ADDRESS: _____

CAREER OBJECTIVE

WHY ARE YOU INTERESTED IN WORKING FOR HORIZONS SUPPLIES LTD. AND WHAT ARE YOUR CAREER OBJECTIVES?

