



28 Cottage Avenue, Bay Shore, NY 11706
631.666-2899 • www.fatfish.info

APPLICATION FORM

Postition(s) applied for: _____

First Name: _____ Last Name: _____

Address: _____ City/Zip Code: _____

Email: _____ Mobile: _____

Date of birth: _____ Age (if under 18): _____ Working papers [] YES [] NO

How many hours can you work weekly? _____ Days/Hours Available to work: Mon: _____

Nights? _____ Tue: _____ Wed: _____ Thur: _____

Earliest Start Date: _____ Fri: _____ Sat: _____ Sun: _____

Work Availability: [] Full-Time Only [] Part-Time Only [] Full - or Part-Time

Desired salary: _____

EDUCATION

Type of School	Name of School/Mailing address	Years completed	Major or Degree
High School			
College/Trade School			
Professional School			
Other			

LEGALITIES

Do you have a drivers license? [] YES [] NO State of issuance _____

How many traffic accidents have you had in the past 3 years? [] YES [] NO How many? _____

Have you had any moving violations in the past 3 years? [] YES [] NO How many? _____

Have you ever been convicted of a crime? [] YES [] NO

If yes, explain: _____

REFERENCES

1

2

3

Name			
Position			
Title/Company			
Contact (email and phone)			



APPLICATION FORM Name: _____

Postition(s) applied for:_____

EMPLOYMENT (Please list up to 3)

EMPLOYER 1

Company Name		Last Supervisor	
Dates of Employment		Salary	
Company Address		Phone #	
Job Title			
Reason for Leaving			
Job Responsibilities			

May we contact your employer? [] YES [] NO

EMPLOYER 2

Company Name		Last Supervisor	
Dates of Employment		Salary	
Company Address		Phone #	
Job Title			
Reason for Leaving			
Job Responsibilities			

May we contact your employer? [] YES [] NO

EMPLOYER 3

Company Name		Last Supervisor	
Dates of Employment		Salary	
Company Address		Phone #	
Job Title			
Reason for Leaving			
Job Responsibilities			

May we contact your employer? [] YES [] NO

Please list your job related skills: _____

Computer skills? [] PC [] MAC [] BOTH POS/Cash register? [] YES [] NO

AUTHORIZATION
"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY -RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

Signature: _____ Date: _____

Print Name: _____

Please submit completed job application along with resume, if applicable to info@fatfish.info