

Job Application Form

The Teachers' Lounge
4121 Elm Park Dr.
St. Louis, MO 63128
(314) 894-7000



Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date this form.

PERSONAL INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____

Are you eligible to work in the United States? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Day	Store Hours	Hours I Am Available
Sunday	12 PM-5 PM	_____
Monday	10 AM-8 PM	_____
Tuesday	10 AM-8 PM	_____
Wednesday	10 AM-8 PM	_____
Thursday	10 AM-8 PM	_____
Friday	10 AM-8 PM	_____
Saturday	10 AM-5 PM	_____

What date are you available to start work? _____

How many total hours would you like to work each week? _____

EDUCATION:

Highest Education Completed: School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____ Position Title: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Supervisor Phone: _____

Salary: _____ Supervisor Email: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

Previous Position:

Employer: _____ Position Title: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Supervisor Phone: _____

Salary: _____ Supervisor Email: _____

Responsibilities: _____

Reason for Leaving: _____

References:

Please provide name/title, address, phone, and relationship.

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____