

Job Application Form

The Teachers' Lounge
21 Ronnies Plaza
St. Louis, MO 63126
(314) 843-2227 (314) 843-2225 (Fax)



Instructions: Please answer all questions. Sign and date this form and fax, drop off at the store, or email to: lizzie@the-teachers-lounge.com

PERSONAL INFORMATION:

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

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____ Email: _____

POSITION/AVAILABILITY:

| Day | Store Hours | Hours I Am Available |
|-----------|-------------|----------------------|
| Sunday | 12 PM-5 PM | _____ |
| Monday | 10 AM-7 PM | _____ |
| Tuesday | 10 AM-7 PM | _____ |
| Wednesday | 10 AM-7 PM | _____ |
| Thursday | 10 AM-7 PM | _____ |
| Friday | 10 AM-5 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 _____