

DALLAS NORTH AQUARIUM



2910 E. TRINITY MILLS
 CARROLLTON, TX 75006
 972-492-6165
 972-416-7205 fax
 sales@dallasnorthaquarium.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long have you lived at present address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Email Address _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

What is your means of transportation to work? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____

Expiration date _____ If applying for a service position your Driving record will be verified.

Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____

Own Aquariums Yes No Cashier Experience Yes No

Other Skills _____

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Signature of applicant _____ **Date** _____