



"Service Above Stamps"

**Mail Box Store**<sup>®</sup>  
COPY, PRINT & SHIP CENTER

# EMPLOYMENT APPLICATION

INSTRUCTIONS: Complete this application in its entirety. You are welcome to also attach a resume.

NAME: Last, First, M.I.							Telephone #				
PRESENT ADDRESS: Street			City		State		Zip Code				
Desired Pay:	Referred by:	Date available to work:		Total hours available per week:		Position Applied for:					
Any objections to working Saturday _____ Sunday _____ Overtime _____		Do you have reliable transportation?		Hours available	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Availability: Part Time _____ Full Time _____				From:							
				To:							

EDUCATION AND TRAINING								
HIGH SCHOOL	Name and Location				Last year completed	Did you graduate?	Are you still enrolled?	List degrees or diplomas
	Course of Study							
COLLEGE	Name and Location							
	Course of Study							
OTHER	List any other post-secondary schooling							
Cashier Skills:					Computer Skills:			
Typing/Ten Key Skills:								

PERSONAL DATA		
Can you safely lift and maneuver parcels weighing up to 70 pounds?		Can you stand for 3 hour periods?
Have you ever been convicted of a felony? ___ No ___ Yes* * Will not necessarily result in disqualification	What is your favorite attribute in a job?	What do you dislike in a job?
Do you have the legal right to remain and work permanently in the United States? ___ No ___ Yes	If not, what is your visa number?	
Please write a few sentences on why you are applying with our company, what qualities you can bring to the position, and what you expect of us as employers.		

----- Please complete reverse side -----

EMPLOYMENT RECORD - Begin with current or most recent employer, including Military Service

May we contact your present employer for references? \_\_\_ No \_\_\_ Yes

May we contact your former employers for references? \_\_\_ No \_\_\_ Yes

1. Company Name:	Salary: \$	Dates Employed: From ___/___ to ___/___
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

2. Company Name:	Salary: \$	Dates Employed: From ___/___ to ___/___
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

3. Company Name:	Salary: \$	Dates Employed: From ___/___ to ___/___
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

4. Company Name:	Salary: \$	Dates Employed: From ___/___ to ___/___
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

Which of the above has been the most valuable work experience and why: \_\_\_\_\_

List three (3) personal references:

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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AFFIDAVIT

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing same to Eagle Express Mail, LLC dba The Mail Box Store. In consideration of my employment, I agree to conform to the rules and regulations of Eagle Express Mail, LLC dba The Mail Box Store.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_