



**EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER  
PLEASE COMPLETE ALL INFORMATION  
ALL ANSWERS MUST BE LEGIBLE



If you are a craftsman. An artisan.  
If you have a discerning palette and find purpose in creativity.  
If you desire to be committed to a family and find joy in meaningful connection.  
If you desire to always be improving.  
Then welcome to the table.

**POSITION/CRAFT APPLIED FOR: (be specific)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name: \_\_\_\_\_

LAST FIRST MIDDLE MAIDEN

Present address: \_\_\_\_\_

NUMBER STREET CITY STATE ZIP

How long at the address above: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**GENERAL INFORMATION**

If under 18, please list age: \_\_\_\_\_ If you are not a U.S. citizen, do you have the right to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

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

**DRAGONFLY IS OPEN 7 DAYS A WEEK – WORKING HOURS RANGE FROM 9AM TO 2AM**  
**PLEASE FILL IN THE HOURS YOU ARE AVAILABLE TO WORK**

No Pref \_\_\_\_\_ Thur \_\_\_\_\_ How many hours can you work weekly: \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_ Can you work nights: \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_ Can you work mornings: \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Have you ever applied for a position with or worked for this Company before? YES \_\_\_\_\_ NO \_\_\_\_\_ Rate of pay desired \_\_\_\_\_

**HOW LUCKY ARE YOU AND WHY?** \_\_\_\_\_

**THIS SPACE IS FOR YOU, EXPRESS YOURSELF.**

**HAVE FUN!**

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	(Complete mailing address) LOCATION	NO. OF YEARS COMPLETED/ GRADUATED	MAJOR & DEGREE
Most Recent				
Most Relevant				

Have you ever been convicted of a felony? (A conviction is not an automatic bar to employment. Each case will be considered on its own merits.) YES \_\_\_\_\_ NO \_\_\_\_\_

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. \_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_**

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

**REFERENCES**

PLEASE LIST 2 PEOPLE WHO THINK YOU'RE GREAT OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

Name _____	Name _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____
Why did you choose them? _____	Why did you choose them? _____

What 3 items would you bring if you were on a deserted island and why?

**EMPLOYMENT HISTORY**

**WORK EXPERIENCE** Please list your previous work experience beginning with your most recent job held. If you were self-employed, give firm name. \*If you need additional space, please ask for additional paper from store representative so that you may continue your response on a separate page.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		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 and why you did/didn't like working there.

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May we contact your present employer? YES \_\_\_ NO \_\_\_      Did you complete this application yourself? YES \_\_\_ NO \_\_\_

If not, who did? \_\_\_\_\_

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge. I authorize investigation of all statement contained in this application. I understand that the misrepresentations or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give teh Company permission to contact schools, previous employeers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

**In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of my employment relationship unless president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.**

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_