



DRAGONFLY

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	
Preferred email: _____				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 _____	
Tue _____	Sat _____	
Wed _____	Sun _____	

Can you work nights: _____

Can you work mornings: _____

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

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 Please list your previous work experience beginning with your most recent job held. If you were self-employed, give firm name.

EXPERIENCE *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 the Company permission to contact schools, previous employers (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: _____