



Application For Employment

Please print or type.
The application must be fully completed to be considered. You are required to complete each section.

Personal Information

Name

Address		City	
Phone Number	Mobile Number	Email Address	

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
 Yes No

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City		
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City		
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City		
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City		
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City		

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)

Signature

Date



make IT happen

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