

APPLICATION FOR EMPLOYMENT

LOV INC.

Jackson Trading Company • Moose Be Christmas • Mountain Art Collection
 P.O. Box 4994 • Jackson, Wyoming, 83001 • Administrative Office 307-733-5714 • Fax 307-733-0963

Date: _____

Name: _____
Last
First
Middle
Social Security Number: _____

Present Address _____
Street
City
State
Zip
Phone

Permanent Address _____
Street
City
State
Zip
Phone

Position applied for: _____ Referred By? _____ Date of Birth: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____ Date Available to start? _____

Work Desired: _____ **Year Round** _____ **Seasonal**; If applying for seasonal what date will you need to finish? _____

Salary Desired: _____ Hours Desired: _____ Full Time _____ Part Time; Do you need housing? _____

Have you ever been convicted of a felony? _____ Do you have any physical limitations that would affect your job performance? _____

Please give details _____

EDUCATION	Name and Location	No. of years Attended	Did you Graduate?	Principal Courses
High School				
College Trade School or other Education				

WORK EXPERIENCE: List below your last three employers, starting with the most recent. Please list as completely as possible; incomplete applications will not be considered for review. Please include phone numbers

Date/Year	Company, Phone & Address	Pay Rate	Position	Supervisor	Reason for leaving
From					
To					
From					
To					
From					
To					

Why are you interested in working for Lov, Inc. and what specific strengths do you think you can bring to the job? (attach separate sheet if necessary)

Who may we contact in case of an emergency _____ Phone _____

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and; if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: _____ Signature _____