

Our company philosophy follows  $\underline{\text{The }}\underline{\text{Three }}\underline{\text{P's}}$ :  $\underline{\text{Pride}}-\text{in our product and service}$ ;  $\underline{\text{People}}-\text{treat}$  every customer and employee with respect, dignity, recognition and caring;  $\underline{\text{Profit}}-\text{a}$  decent profit is necessary for the longevity of our business and to provide opportunity for our employees, but not at the sacrifice of pride and people.

Last Name	First Name		Middle I	Name		So	cial Security Numb	ər		
Current Street Address, including City, State & Zip						Но	w Long?			
								Years _		Nonths
Current MAILING Address if different from above (	Street or PO Box, City, State & Zip)					Tel	ephone Number/C		rith Area Code	
Previous Address (Street, City, State & Zip)						Но	w Long?	V		4 al
								Years _	N	Nonths
Position applying for		HOURS		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Rate of pay expected:	per		FRON	<sup>A</sup>						
Full-time 20-30 hrs.	Less than 20 hrs.	AVAILABLE (earliest to latest)	T(	0						
Desired work locations										
EMPLOYMENT RECORL		MOST RECENT, lis	st all pre	evious employers	. Include self-	employme	nt, military ser	vice, summer	r, and part-tin	ne jobs.
Please attach additional sheets if necessary	, following the same format.	M	ay we co	ontact your prese	ent employer?	)	□ YES	□ N0	)	
Name and Address of Employer		Dates Employ	ed		Position and D	uties		Reason fo	r Leaving/Superv	risor's name
COMPANY NAME	Area Code/Phone ( )		TO I	POSITION:				Reason fo	or Leaving	
No. & Street		SALARY		DUTIES:						
City & State	Zip		inal					Superviso	r's name	
COMPANY NAME	Area Code/Phone		TO I	POSITION:				Reason fo	or Leaving	
No. & Street				DUTIES:						
City & State	Zip	Start F	inal					Superviso	r's name	
COMPANY NAME	Area Code/Phone		TO I	POSITION:				Reason fo	or Leaving	
No. & Street	,			DUTIES:						
City & State	Zip	Start F	inal					Superviso	or's name	
COMPANY NAME	Area Code/Phone			POSITION:				Reason fo	or Leaving	
No. & Street	( )		No/Yr I	DUTIES:						
City & State	Zip	Start F	inal					Superviso	or's name	
COMPANY NAME	Area Code/Phone	FROM	TO p	DOCITION .				Da 1	or loguin-	
	( )		No/Yr	POSITION:				Reason fo	or Leaving	
No. & Street		SALARY		DUTIES:						
City & State	Zip		inal					Superviso	r's name	
Have you ever been terminated or asked t	o resign from any job? 👊 No	o. 🗀 Yes; plec	ase expl	ain						
Please explain any gaps in your employment	ent history.									

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EDUCATION					
School Name, City, State	Years Completed (Circle)	Diploma/Degree	Describe course of study	y or Major	
High School	9 10 11 12				
College/University	1 2 3 4				
Graduate/Professional/Other	1 2 3 4				
Please indicate any actual experience, special training & qualit	ications that you have which you feel are releva	nt to the position for which you are ap	pplying		
PROFESSIONAL REFERENCES (No	t Relatives)				
Name & Occupation	Address, City,	Address, City, State, Zip Code			
OTHER					
Have you ever worked for Crazy Shirts before? 🗖 No.					
How were you referred to Crazy Shirts? 🗖 Ad 🗖 Agen	cy 🗀 Walk-in 🗀 Crazy Shirts Employee	:	□ Other:		
PLEASE READ CAREFULLY BEFO	ORE SIGNING. Thank yo	ou!			
A. I certify that the information contained in this application omissions, whenever discovered, on this application dismissal from employment.	tion is true and correct to the best of my kno	owledge, and understand that any f			
B. If employed by the Company, I agree to conform to can be terminated at any time and for any reason, b intended to create an employment contract between	either the Company or me. I understand the				
C. I consent to and authorize the Company to make a f employment, and authorize any former employer, pe information of any sort (including fact or opinion) the providers of information from any liability as a result consent(s) and/or release(s) as required by the Con	rson, firm, corporation, school, credit agency by may have regarding me. In consideration of furnishing and receiving this information.	r, government agency, or other enti of the Company's review of this ap Also, I agree to fully cooperate and	ty to provide the Company with plication, I release the Company	any and all	
D. I understand and agree that I may be required to sub- understand and agree that I may be required to sub- consistent with business necessity. I authorize the ph disclose the results of the examination and the labor- disclose the results only to persons who need to kno- employment and during my employment.	if to a complete medical examination during ysician conducting the examination and any itory test to the Company in accordance with	my employment, provided that suc laboratory testing any specimen ob a state and federal laws. The Compo	ch examination is job-related an Itained by the physician or collec any will keep such results confid	d ction site to lential and	
E. I understand that any offer of employment is conting it will be necessary for me to provide satisfactory evicomplete an I-9 form in this regard.					
F. I agree that a photocopy of my signature or a teleph	one facsimile is to have the same force and e	effect as the original.			
G. I understand and agree that all of the foregoing term	s and conditions will become part of my emp	ployment relationship with the Com	pany if the Company employs m	10.	
Signature of Applicant		Data			
Signature of Applicant		Dule			

