

Fiction Addiction Employment Application

Personal Data

LAST NAME	FIRST NAME	MI	DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
HOME PHONE	CELL PHONE	SOCIAL SECURITY #	
EMAIL ADDRESS:			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES ___ NO ___		ARE YOU 16 OR OVER? YES ___ NO ___	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___ IF YES, EXPLAIN _____			

Placement Info

ARE YOU INTERESTED IN: ___ FULL TIME ___ PART TIME ___ SEASONAL/TEMP.		DATE AVAILABLE:
MIN HRS/WEEK NEEDED:	MAXIMUM HRS/WEEK WILL WORK IF NEEDED:	SALARY DESIRED:
OUR HOURS ARE 10AM-5:30PM MON-FRI, AND 10AM-4PM SAT. EMPLOYEES MAY BE REQUIRED TO BE AVAILABLE AN HOUR BEFORE WE OPEN & AFTER WE CLOSE. WE ALSO HOLD EVENING EVENTS FROM TIME TO TIME AND EMPLOYEES MAY NEED TO WORK UNTIL 9PM ON THOSE NIGHTS. PLEASE MENTION ANY CONSTRAINTS ON YOUR AVAILABILITY:		

Education

LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE SCHOOLS AND COLLEGES ATTENDED			
NAME AND LOCATION OF SCHOOL	MAJOR/MINOR	DEGREE/GPA	DATES

Employment History

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST.		
PRESENT/LAST EMPLOYER	PHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED:	STARTING SALARY: _____ CURRENT/END: _____
POSITION/TITLE		DATE OF LAST INCREASE:
SUMMARY OF DUTIES		
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION		
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ___ NO ___		

FIRST PREVIOUS EMPLOYER	PHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED:	STARTING SALARY: _____ CURRENT/END: _____
POSITION/TITLE		DATE OF LAST INCREASE:
SUMMARY OF DUTIES		
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION		

NEXT PREVIOUS EMPLOYER	PHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED:	STARTING SALARY: _____ CURRENT/END: _____
POSITION/TITLE		DATE OF LAST INCREASE:
SUMMARY OF DUTIES		
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION		

Occupational References (List personal references only if you have no occupational references)

____ OCCUPATIONAL REFERENCE ____ PERSONAL REFERENCE	NAME	OCCUPATION	YRS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NUMBER
____ OCCUPATIONAL REFERENCE ____ PERSONAL REFERENCE	NAME	OCCUPATION	YRS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NUMBER

Read Before Signing

The filing of an application with Fiction Addiction LLC is a preliminary step to employment. It does not obligate Fiction Addiction LLC to offer employment, or the applicant to accept employment. An offer of employment, if made, is for employment at will and is not to be construed as a guarantee of continued employment. Fiction Addiction LLC reserves the right to terminate the employee at any time. Any employee also has the right to terminate his or her employment with Fiction Addiction LLC at any time.

I authorize investigation of all matters contained in this application which Fiction Addiction LLC may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to Fiction Addiction LLC and such persons are hereby released from all liability for issuing such information. Fiction Addiction LLC will keep all such information confidential except where such information is required to be released by law or order of a court or other authority. I understand and agree that I will be subject to immediate dismissal if it is subsequently discovered that the information herein is untrue or that I have failed to disclose a material fact.

I understand that if I receive an offer of employment and I accept the position, I will be required to complete additional information necessary for company record keeping requirements. I understand that Fiction Addiction participates in the E-Verify program.

SIGNATURE

DATE

Return completed application to:
Fiction Addiction, 1175 Woods Crossing Rd, Greenville, SC 29607, 864-675-0540