

# Rusty's Vape & Smoke Shop Application for Employment

Name:			
Address:		Phone #:	
Date of Birth:		Over 18?	<input type="checkbox"/>
		Over 21?	<input type="checkbox"/>

Current Employment Status:		Date Available to Start:	
Do you have reliable transportation? <input type="checkbox"/>			
Are you able to work at both Rusty's locations? Yes <input type="checkbox"/> Quebec Only <input type="checkbox"/> Peoria Only <input type="checkbox"/>			
How many hours would you like to work? 0-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/>			

Availability:		Mon	Tues	Weds	Thur	Fri	Sat	Sun
	AM							
	PM							

On a scale of 1 to 10, 10 being an expert, please rate your knowledge of Vaping? <i>(circle one)</i>									
1	2	3	4	5	6	7	8	9	10
On a scale of 1 to 10, 10 being an expert, please rate your knowledge of Smoking Accessories? <i>(circle one)</i>									
1	2	3	4	5	6	7	8	9	10

## Recent Work History

Name of Employer:			
Dates Worked:		to	
What did you do?			
Supervisor:		Phone #:	
Why did you leave?			
Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Current Employer, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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The above information is correct to the best of my knowledge and belief.

Name:		Date:	
Signature:			