



APPLICATION FOR EMPLOYMENT

TWILIGHT COMICS IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		TODAY'S DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER ()	CELL PHONE NUMBER ()	E-MAIL ADDRESS	REFERRED BY
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW DID YOU HEAR ABOUT TWILIGHT COMICS?	
HAVE YOU BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(SUCH A CONVICTION MAY BE RELEVANT IF JOB-RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT.) IF YES, PLEASE EXPLAIN:	

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
AVAILABILITY:	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL(SUMMER/HOLIDAY)
CHECK DAYS AND FILL IN HOURS AVAILABLE:	<input type="checkbox"/> SUNDAY ____AM/PM TO ____AM/PM	<input type="checkbox"/> MONDAY ____AM/PM TO ____AM/PM
	<input type="checkbox"/> TUESDAY ____AM/PM TO ____AM/PM	<input type="checkbox"/> WEDNESDAY ____AM/PM TO ____AM/PM
	<input type="checkbox"/> THURSDAY ____AM/PM TO ____AM/PM	<input type="checkbox"/> FRIDAY ____AM/PM TO ____AM/PM
	<input type="checkbox"/> SATURDAY ____AM/PM TO ____AM/PM	
ARE YOU EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO TWILIGHT COMICS BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?
HAVE YOU EVER WORKED AT TWILIGHT COMICS BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?

GENERAL INFORMATION(ATTACH EXTRA SHEETS IF NECESSARY)

SUBJECTS OF SPECIAL STUDY
COMPUTER EXPERIENCE
RETAIL EXPERIENCE

LESS GENERAL INFORMATION

COMICS/GRAPHIC NOVELS READ
NON-VIDEO GAMES PLAYED (BOARD, CARD, MINI, RPG, ETC.)

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS (LIST BELOW EMPLOYERS, STARTING WITH MOST RECENT/CURRENT FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

PERSONAL REFERENCES (LIST BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

ACCEPTED BY	INTERVIEW 1 DATE/BY	ACCEPTED FOR EMPLOYMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ACCEPTED DATE	INTERVIEW 2 DATE/BY	RATE	HIRE DATE	