

*A Pigment of Your Imagination, L. L. C.*

Pottery Painting & Creativity Studio

10 NW Sheridan Road

Lawton, OK 73505

(580) 248-2700

www.apigmentofyourimagination.com

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? (If not, age) \_\_\_\_\_ PHONE \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME?      YES      NO

If yes, please list name(s) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME?      YES      NO

If yes, please explain \_\_\_\_\_

ARE YOU RELATED TO ANYONE IN OUR EMPLOY?      YES      NO

If yes, list name \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITHOUT REASONABLE ACCOMODATIONS?      YES      NO

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM WORK?      YES      NO

WOULD YOU CONSIDER LEAVING YOUR CURRENT EMPLOYER?

WHAT SKILLS/EXPERIENCE DO YOU BRING TO A PIGMENT OF YOUR IMAGINATION, L.L.C? \_\_\_\_\_

WHAT IS YOUR DEFINITION OF EXCELLENT CUSTOMER SERVICE?

ARE THERE ANY ACCOMPLISHMENTS OF WHICH YOU ARE ESPECIALLY PROUD?

WHAT TYPE OF ACTIVITIES WOULD YOU LIKE TO DO IF YOU ARE HIRED AT A PIGMENT OF YOUR IMAGINATION, L.L.C. \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT

(Account for all periods of unemployment)

MAY WE CONTACT YOUR SUPERVISORS? YES NO

IF NO, PLEASE EXPLAIN \_\_\_\_\_

Present Employer Address State Zip	Supervisor Reason for Leaving	From (month, year) To (month, year)
	Responsibilities	Starting Salary
Phone Number		Ending Salary

Name of Employer Address State Zip	Supervisor Reason for Leaving	From (month, year) To (month, year)
	Responsibilities	Starting Salary
Phone Number		Ending Salary

Name of Employer Address State Zip	Supervisor Reason for Leaving	From (month, year) To (month, year)
	Responsibilities	Starting Salary
Phone Number		Ending Salary

**REFERENCES**

Give three people not related to you that you have known for more than one year

Name	Address/Phone	Business	Years known
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**REFERAL**

How did you find out about us? If you were referred by one of our customers, please be sure to list their name and phone number so we can thank them!

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**AVAILABILITY**

Please list the times you are available to work

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Please list any dates in the next three months in which you are unable to work

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**EDUCATION HISTORY**

Name and Location of School                      Years Attended    did you Graduate                      Subjects Studied

Grammar School

High School

College

Other

**\*\*Please attach a personal statement telling us why you would like to work at A Pigment of Your Imagination, L.L.C. Why would you be an asset to our team? Please be as thorough and as creative as you can. Do not feel limited to writing an essay!\*\***

**Release and Authorization**

I hereby authorize A Pigment of Your Imagination, L.L.C., and their agents to conduct an investigation into my background and qualifications. Such investigations include, but are not limited to, obtaining reports from credit reporting agencies, courts, corporations, companies, individuals, educational institutions, and government agencies. I hereby release all parties and A Pigment of Your Imagination from liability arising from such an investigation. I hereby authorize my former employer to release to A Pigment of Your Imagination, L.L.C., and their agents any personnel information and records, favorable and otherwise, which my employer has kept regarding my employment, including my work performance. I understand that A Pigment of Your Imagination, L.L.C., may retain photocopies of my records for its files, whether I am offered employment or not. I hereby release all parties, including my former employer and A Pigment of Your Imagination, L.L.C., from any liability arising from the release, review and retention of any records pertaining to me. I acknowledge that A Pigment of Your Imagination, L.L.C., and their agents reserve the right to investigate the correctness of information in such reports concerning me. I understand that A Pigment of Your Imagination, L.L.C., and their agents may rely on and base its employment decisions solely upon information contained in such reports I release. I further release A Pigment of Your Imagination, L.L.C., and their agents harmless from any liability arising from their reliance upon any information obtained from any source. If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice at any time, at the option of A Pigment of Your Imagination, L.L.C.

**Signature of Applicant**\_\_\_\_\_

**Date**\_\_\_\_\_

