

SIMPLY TOBACCO CLUB – STC
APPLICATION FOR EMPLOYMENT

Date of Application: _____

Name: _____

LAST

FIRST

MID INT

Address: _____

STREET

CITY

STATE/ZIP

Contact Info: () () _____

CELL NUMBER

HOME NUMBER

Email: _____

DL or State ID Number & Expiration (indicate which – **used for criminal background verification**): _____

Are You Currently Employed?: _____

Computer Skills: _____

Have You Ever Been Convicted of a Felony?: _____

Additional Specialty Skills: _____

Last Education Completed: _____

Can you Work All Store Locations?: _____

Available Start Date: _____

Are You Military?: _____

Do You Have Reliable Transportation?: _____

Can You Work Only Certain Days?: _____

PREVIOUS EXPERIENCE

Company Name: _____

City/State: _____

Phone Number: _____

Dates Employed: _____

Position Held: _____

Tasks: _____

Reason for Leaving: _____

Company Name: _____

City/State: _____

Phone Number: _____

Dates Employed: _____

Position Held: _____

Tasks: _____

Reason for Leaving: _____

Note – All of our store locations work with tobacco and nicotine products and may aggravate any hay fever or cause specific allergic reactions to those persons diagnosed as sensitive or with anaphylaxis reactions.