Holiday Park Card & Gift Shoppe, Inc. dba Joanne’s Hallmark

**2354 Golden Mile Highway**

**Pittsburgh, PA 15239**

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| **personal information** |
| Last Name First Name M.I. |
| Address City, State, Zip Code |
| Primary Phone Alternate Phone |
| Email Date of Application |
| Date of Birth |

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| **position** |
| Position Applied For |
| Employment Desired Full Time o Part Time o Seasonal/Temporary o  |
| Date Available  |
| How did you become interested in employment here?  |
| Have you previously been employed by the company? If yes, please show in employment record |
| Are you a US Citizen or Authorized to work in the United States? |
| Have you ever been convicted of a felony? |

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| --- | --- | --- | --- | --- | --- | --- |
| **shift availability** |  |  |  |  |  |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From |  |  |  |  |  |  |  |
| To |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **education** |  |  |  |
|  | School Name/Location | Diploma/Degree | Major/Area of Study |
| High School |  |  |  |
| College/University |  |  |  |
| Trade School/ Other |  |  |  |

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| **Previous Employment** |
| Company: Job Title: Phone: |
| Address Dates of Employment: |
| Company: Job Title: Phone: |
| Address Dates of Employment: |
| Company: Job Title: Phone: |
| Address Dates of Employment: |
| Company: Job Title: Phone: |
| Address Dates of Employment: |

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| **please list any relevant skills, special interests, training and memberships** |
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| **references** |
| Name: Occupation: Phone: |
| Name: Occupation: Phone: |
| Name: Occupation: Phone: |

* All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, individual disability or veteran status.
* In compliance with the Immigration Reform and Control Act, this employer will hire only US citizens and aliens lawfully authorized to work in the United States. Prior to beginning employment, all new employees will be required to complete Form I-9 Employment Eligibility Verification
* I authorize the company to investigate any and all statements or information contained in the application, and I understand that any omissions, inaccuracies or false statements on this application shall be grounds to deny my application, or, if I am already employed at the time the misstatements is discovered, grounds for my termination.
* I understand that if I am employed by the company, I will be an at-will employee, that I will be required to follow all rules and regulations of the company, and that my employment can be terminated at any time for any reason or I can quit at any time. I acknowledge that no one at the company has promised that I would remain employed for any length of time, and I understand that no one other than an officer of the company is authorized to make such promises.
* I have read and understood the above.

Signature Date