

SCROLLS UNLIMITED, INC. APPLICATION FOR EMPLOYMENT

PERSONAL IN	IFORMATION		Г	Pate		
Name	Phone					
Present Address						
Permanent Addr						
EMPLOYMEN	T DESIRED					
Are you employ	re you employed right now? Y/N How long before you can start?					
Are you interest	ed in Part Time/Full Tim	e?				
Are you currentl	y seeking other employm	nent? Y/N				
What kind of job	of job are you interested in? Production Artist/Graphic Designer/ Assembly Wor Administration/Sales Clerk/Sales and Marketing					
What would kee	y allergies or sensitivity to p you from sitting or stare explain:	nding for long	periods? Y/N			
FORMER EMI	PLOYERS (List below	last two empl	oyers, starting	with last one first)		
Date Month and Year From To From To	Name and Address of Emplo	oyer Sala	ry Position	Reason for Leaving		
	obs did you like the best	?	1			
What did you lik	ke the most about this job	o?				
What were your	job responsibilities?					

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Phone #	Business	Years acquainted
1.			
2.			
3.			

Signature of Applicant

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date			
	DO NOT WE		
Interviewed by:		Date	e:
Remarks:			
Hired: Y/N Position		Salary/Wage:	
Date reporting to work			
Approved by:			
In case of an emergency notify			
	Name	Address	Phone

Mail completed application to:

Scrolls Unlimited, Inc. P.O. Box 68 Cheboygan, MI 49721