

PERSONAL INFORMATION

Name (Last Name First)

Social Security Number

Present Address

City

State

Zip Code

Permanent Address

City

State

Zip Code

Phone Number

E-Mail Address

EMPLOYMENT POSITION DESIRED

Position

Date You Can Start

Salary Desired

Are You Currently Employed?

If so, by who and may we have contact information?

Have you ever applied for a position with Idle Times Bike Shop, Inc. before?

EDUCATION HISTORY

Grammar School

Years Attended

Graduation Date

High School

Years Attended

Graduation Date

College

Years Attended

Graduation Date

Other Education

Years Attended

Graduation Date

GENERAL INFORMATION

Subjects of interest or special training

FORMER EMPLOYERS

Employment Period	Employer Name	Address	Salary	Position
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1.

2.

3.

References

Name	Address	Business	Years Known
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1.

2.

3.

AUTHORIZATION

“I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if employed by Idle Times Bike Shop, Inc., falsified statements contained within this application will constitute grounds for termination of my employment with and by Idle Times Bike Shop, Inc.

I authorize Idle Times Bike Shop, Inc. to investigate all statements contained within this application and I authorize the references and employers listed in this application to provide any and all information concerning my previous employment and any pertinent information related to my previous employment and release Idle Times Bike Shop, Inc. from all liability for any damage that results from utilization of this information.

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 and other relevant federal and state laws.”

Date

Signature