

RHODE ISLAND HOT YOGA

APPLICATION FOR EMPLOYMENT Please Complete the Entire Application

We are an Equal Opportunity Employer

Position Desired: _____ [] Full Time [] Part Time Date _____

Name _____
(Print) Last First Middle

Present Address _____
Street & Number City State Zip

Telephone No. _____ E-Mail: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service, and any period of unemployment. If self-employed, give firm name and supply business references, [Add additional page if necessary]. You may include any verified work performed on a volunteer basis.

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u>	<u>Reason for Leaving</u>
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u>	<u>Reason for Leaving</u>

Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u> _____	<u>Reason for Leaving</u> _____
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Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If no, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying, including all current certifications as well as any other special technical qualifications.

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you eligible to work in the U.S.? Yes No

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course Of Study or Major
High School:	9 10 11 12		
College/University:	1 2 3 4		

Graduate/Professional:	1 2 3 4		
Trade or Correspondence:			
Other:			

PERSONAL REFERENCES

Please list persons who know you well – not relatives

Name	Occupation	Email Address	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION AND THE ACCOMPANYING DOCUMENTS IS TRUE, COMPLETE AND ACCURATE.

Date/

Signature of Applicant