



# Employment Application

PERSONAL INFORMATION				
Name (Last, First, Middle)			E-Mail Address	
Street Address	City	State	Zip	Phone No. ( )
Have you ever worked for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where and when?	
Are you over 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INTERESTS							
Position for which you are applying:			Salary Expected		Date Available		
With regard to initial work location, do you have any preferences? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify.		# of hours desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time				
Are there any hours, shifts, or days you Cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain.						
Please indicate the days and hours you are available to work.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

EDUCATION				
	SCHOOL NAME/ CITY, STATE	DATES ATTENDED	HIGHEST GRADE, DIPLOMA OR DEGREE	COURSE/ MAJOR
High School				
College, Business, Vocational, or Other Training				

EMPLOYMENT HISTORY-INFORMATION WILL BE VERIFIED, COMPLETE TELEPHONE NUMBERS WITH AREA CODE ARE NECESSARY				
Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE.				
1. Company Name _____		Dates of Employment		Start Salary
Address _____		Start	End	Total Months Worked
City _____ State _____ Zip _____		Month ___ Yr__	Month ___ Yr__	
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone Number ( )
Duties and responsibilities:				
Type of business			Reason for leaving:	
What did you like best about this job?			What did you like least about this job?	

2. Company Name _____		Dates of Employment		Start Salary	End Salary
Address _____		Start	End	Total Months Worked	
City _____ State _____ Zip _____		Month ___ Yr ___	Month ___ Yr ___		
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number ( )
Duties and responsibilities:					
Type of business			Reason for leaving:		
What did you like best about this job?			What did you like least about this job?		

3. Company Name _____		Dates of Employment		Start Salary	End Salary
Address _____		Start	End	Total Months Worked	
City _____ State _____ Zip _____		Month ___ Yr ___	Month ___ Yr ___		
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number ( )
Duties and responsibilities:					
Type of business			Reason for leaving:		
What did you like best about this job?			What did you like least about this job?		

<b>Special/ Technical Skills (Please list the skills you have and, where appropriate, type of program used or speed)</b>	
Computer Software	
Computer Hardware	
Office Equipment	
Other Skills (Please List)	

**PLEASE READ and SIGN:**

By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I agree to immediately notify Micronesia Media Distributor, Inc. or Bestseller Inc. if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending or during my period of employment if hired.

I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. In addition, I understand that the Company reserves the right to conduct background investigations to determine my qualifications for employment. I authorize any person, school, current employer, past employer(s) and organizations named in this application (and accompanying resume, if any) to provide Micronesia Media Distributor, Inc. or Bestseller Inc. in connection with any application, and I release such parties from any liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Micronesia Media Distributor, Inc. or Bestseller Inc. policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment or my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person other than the President/GM of Micronesia Media Distributor, Inc. or Bestseller Inc. is authorized to change any terms mentioned in this employment application.

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_