

Do you have any physical conditions or limitations which would inhibit your ability to perform the job you are applying? Yes No
If yes please explain:

Please list all time you would need off for personal activities:ex.classes, clubs, meetings, teams, band practices etc. Also include any times you prefer not to work.

times Mon Tue Wed Thu Fri Sat Sun

Please list all times you are available to work. (please be as flexible as possible)

times Mon Tue Wed Thu Fri Sat Sun

Delivery Only: Do you have a valid Drivers License? Are You over 18? Do you own the Do you own the vehicle you plan to use for this

Is it registered in your name? If not who's Their address

How many accidents have you been in over the last 3 years ? Please describe each

Make

Model Year

Color

Miles How many moving violations have you had in the last 3 years ? Please describe below

Plate #

State Reg.

Last Inspection date

Insurance Co

A copy of your automobile insurance will be required for store records.

Unrepaired dents:

Will your car pass it's next inspection?

All Applicants: Please read and sign these two following statements.

Have you been convicted of a felony? If yes, state the nature.

The information given on this application is true and accurate to the best of my knowledge. I authorize Loft 266 to obtain work related information from my previous employers. / /

Interviewers remarks:

interviewed by date

min max

Hrs/week

Shifts/ week

start day / date