Kurt Geiger Job Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

			Name an	d Address				
Name (First, MI, Last)				Social Security Number				
Mailing Add	ress							
City, State, a	nd Zip Code							
Telephone				Alternate Phone				
If under 18, please list age				Email				
			Joh	Type				
			Days/hours av		·k			
☐ I have no preference.	☐ Mon.	☐ Tues.	☐ Wed.	☐ Thurs.	□ Fri.	□ Sat.	□ Sun.	
I am seekinga	:	☐ Full-time jo	ob	☐ Part-time job		☐ Full- or Part-time		
How many hours can you work weekly?				Can you work nights?			Date available to begin	
			Additional	Information				
Have you ever been employed by this organization in the past?						☐ Yes	□ No	
I certify that I am a UK citizen, permanent resident, or a foreign national with authorization to work in the United Kingdom.					☐ Yes	□ No		
Haveyoueverbeenconvicted of, or enteredaplea of guilty, no contest, or had a withheld judgment to a felony?					☐ Yes	□ No		
If Yes, please	explain:					1		
Doyouhaveac	driver's license?	□ Yes	□ No	Driver's licen	se number	Issued in what state?		
Have you had any accidents during the past three years?				How many?				
Have you had any moving violations during the past three years?				How many?				

Education						
School Location (mail		ldress)	Years Completed	Major	Degree or Diploma	
High School						
College or Business/Trade	School					
	D.A.	:1:4				
II 1 1 A		ilitary □ Yes		D 1		
Have you even been in the Arn	hed forces?	Li res	□ No	Date entered		
			D . 1	D'11-(-		
Are you now a member of the National Guard?		☐ Yes	□ No	Discharge date		
Chaoialtre						
Specialty						

Work Experience					
Please list ALL work experience beginning with your most	recent job held. Attach addition	nal sheets if necessary.			
Company	Name of last supervisor	Hrs/week			
Address	Start Date	Starting Salary			
		,			
City, State, and Zip Code	End Date	Final Salary			
City, State, and Zip Code	Liid Date	T mar Sarary			
Phone number	Voyalest ich title				
Phone number	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advance	cements or promotions while you wo	rked at this company.			
Maywecontactthisemployer? ☐ Yes ☐ No					
Company	Name of last supervisor	Hrs/week			
Address	Start Date	Starting Salary			
City, State, and Zip Code	End Date	Final Salary			
•		, and the second			
Phone number	Your last job title				
Those number	Tour fast job title				
Descen for leaving (he anaifie)					
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Maywecontactthisemployer? ☐ Yes ☐ No					

Work Experience (continued)					
Company	Name of last supervisor		Hrs/week		
Address	Start Date	Starting Salary	J		
Addices	Start Date	Starting Salary	y		
City, State, and Zip Code	End Date	Final Salary			
Phone number	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advance	cements or promotions while you wor	ked at this compa	any.		
Maywecontactthisemployer? ☐ Yes ☐ No					
References					
Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.					
1.					
2.					
3.					
4.					
I certify that all answers and statements on this applic	ation are true and complete t	to the best of m	ıy		
knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.					
Signature		Date			