



MONSTER VAPE

Please fill out the
application and take
it to your local
Monster Vape store.

Application for Employment

Position You Are Applying For _____

Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

Last Name _____	First Name _____	Middle _____
Address _____	City _____	State _____ Zip _____
Home Phone: _____	Cell Phone: _____	Email address: _____
Social Security Number: _____		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____