



Newport

154 Thames Street • Newport, RI 02840 • 401-849-6666 • Fax: 401-848-6541

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE
Name Last First Middle Maiden
Present address Number Street City State Zip
How long
E-mail Social Security No.
Telephone (Home) (Cell)
If under 18, please list age
Position applied for (1) and salary desired (2) (Be specific)
Days/hours available to work
No Pref Thur
Mon Fri
Tue Sat
Wed Sun
How many hours can you work weekly? Can you work nights?
Employment desired FULL-TIME ONLY PART-TIME ONLY Seasonal
Date Available to Start

Education

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), NUMBER OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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APPLICATION FOR EMPLOYMENT

Explain why you are applying for this position: _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
			From To
Your last job title			
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.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Signature of applicant: _____ **Date:** _____

Helly Hansen is an equal opportunity employer and does not discriminate in hiring based on an individuals race, creed, color, sex, sexual orientation, age, religion, disability or national origin.

Thank you for completing this application form and for your interest in our business.