

FRUGAL MUSE
EMPLOYMENT APPLICATION
(equal-opportunity employer)

Personal Information

Date:

Name	Phone		
Address	City	State	Zip Code
Are you at least 18 years old?	Are you a U.S. citizen?		

Employment Desired

Position	Date you can start	Salary desired
Days/Hours you are available to work	Have you ever applied to Frugal Muse Books (and, if so, where and when)?	
Are you currently employed?	If so, may we contact your present employer?	

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

General Information

Book Business and/or Reading experiences:
Hobbies or subjects of special interest:
Additional training, knowledge or skills:

Employment History *(List below your last four employers, starting with the last one first)*

Month & Year	Name/Address of Employer & Supervisor's Name	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References *(Provide below the names and contact information for three people not related to you.)*

Name	Address & Phone #	Business	Years Known

Authorization

“I the below signatory certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and other information, personal or professional, pertinent to potential employment at The Frugal Muse, and I release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

Interviewed By _____ Date _____

-----**DO NOT WRITE BELOW THIS LINE**-----

Remarks (including book knowledge, character, personality, etc.)

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