



Hellagraphs
1303 N Main St.
Seminole, Texas 79360

Application of Employment

Full Name: _____ Date: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: ____/____/____ Date Available: _____ Desired Salary: \$_____/hr

Are there any health concerns that will prevent you from performing this job? If so, please explain:

Do you have a valid driver license? Yes No

Are you able to stand for long periods of time? Yes No

Are you looking for a long term position? Yes No

Are you looking for a part time or full time position? Part time Full time

Please List 3 References:

Name: _____ Phone: _____

Relationship: _____ Job Title: _____

Name: _____ Phone: _____

Relationship: _____ Job Title: _____

Name: _____ Phone: _____

Relationship: _____ Job Title: _____



Additional Notes:

Signature: _____ Date: _____

Please return this form in person or via email to: sales@hellagraphs.com