

APPLICATION FOR EMPLOYMENT

Premium eJuice USA, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

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| PERSONAL I | NFORMATIO | DN | | | 1 | | |
| FULL NAME: | | | | | اح | J2050 | |
| Brianne Elizabeth Louise Braasch | | | | | | | |
| CURRENT ADDRESS: | | | | | JOB ID | 0 | |
| 2843 Elam drive | | | | | | | |
| CITY: | | STATE: | ZIP: | | | | |
| Louisville | | Kentucky | 40291 | | | | |
| Louisviiis | | romaony | 40201 | | | | |
| PHONE NUMBER: | | EMAIL ADDRESS: | | | | | |
| 502-500-7605 stichesladyangel98@gmail.com | | | | | | 7 | |
| | | | Are You 18 Years of Age or | Order: Yes | = ▶ | RIANNE ELIZ | |
| | | Have You Ever Applied to or worked for Premium eJuic | | | APPLICANT NAME | ELIZABETH | |
| Do You Have Any Friends, Relatives, or Acquaintances working for Premium eJuice USA or Vapor Lab: Have You Ever Been Convicted Of A Felony: No If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening And/Or Background Check: Are You A U.S. Citizen or Approved To Work in the Unted States: Yes | | | | | | l | |
| | | | | | | | LOUIS |
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| How Did You Hea | ar About This Position: 'ou Available To Work: | Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday | | | | BRAASC | |
| What Shifts Are Y | You Available To Work: | I Can Work Any Shift | | | | 5 | |
| | Hours I Can Work: | | | | ₽ | 19 | |
| References: | Type Personal | Name | Phone Number | | DATE | 05/19/2018 | |
| | | | | | | <u></u> | |
| Previous Emplo | | | LIST BELOW LAS | T THREE EMPLOYERS, STARTING WITH LA | ST ON | E FIRST | |
| Previous Employer Name | Job Title | Supervisor Name | Phone Number | Dates of Employment | | | |
| Pagaga Far Loggin | | | | | | | |
| Reason For Leaving | | | | Can We Contact For A Reference: | | | |
| | | | | Can we Contact For A Reference: | | | |
| Previous Employer Name | Job Title | Supervisor Name | Phone Number | Dates of Employment | | | |
| Reason For Leaving | | | | O Wi. O. 1 - 1 - 5 - 1 - 5 - 1 | | | |
| | | | | Can We Contact For A Reference: | | | |
| Previous Employer Name | Job Title | Supervisor Name | Phone Number | Dates of Employment | | | |
| Reason For Leaving | | | | | | | |
| | | | | Can We Contact For A Reference: | | | |