



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.

PERSONAL INFORMATION

FULL NAME:

Brayan juarez

CURRENT ADDRESS:

9203 Talitha dr

CITY:

Louisville

STATE:

Kentucky

ZIP:

40299

PHONE NUMBER:

502-298-8227

EMAIL ADDRESS:

bojuar01@gmail.com

Are You 18 Years of Age or Older: **Yes**

J2050
JOB ID

BRYAN JUAREZ
APPLICANT NAME

09/13/2018
DATE

Have You Ever Applied to or worked for Premium eJuice USA or Vapor Lab: **No**

Do You Have Any Friends, Relatives, or Acquaintances working for Premium eJuice USA or Vapor Lab: **No**

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: **Yes**

Are You A U.S. Citizen or Approved To Work in the United States: **Yes**

Do You Have Reliable Transportation To And From Work: **Yes**

EMPLOYMENT POSITION SALES ASSOCIATE

How Did You Hear About This Position: Walk in

What Day's Are You Available To Work: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

What Shifts Are You Available To Work: I Can Work Any Shift

Hours I Can Work:

References:

| Type | Name | Phone Number |
|----------|---------------|--------------|
| Personal | Color summers | |
| Personal | Alex Cline | |

Previous Employment:

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

| Previous Employer Name | Job Title | Supervisor Name | Phone Number | Dates of Employment |
|---|---------------|-----------------|--------------|-------------------------------------|
| Premium packaging | Assembly-line | | | 2018-08-03 2018-09-03 |
| Reason For Leaving: Transportation problems | | | | Can We Contact For A Reference: Yes |

| Previous Employer Name | Job Title | Supervisor Name | Phone Number | Dates of Employment |
|------------------------|-----------|-----------------|--------------|---------------------------------|
| | | | | |
| Reason For Leaving: | | | | Can We Contact For A Reference: |

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