

APPLICATION FOR EMPLOYMENT

KAZAXE By Azuka-Bom, LLC

6728 Industrial Road, Springfield, VA 22151

703-594-6434

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO. LEAVE BLANK. TO BE REQUESTED UPON HIRE.
ADDRESS	CITY	STATE	ZIP
PHONE NO	SECONDARY PHONE NO	EMAIL ADDRESS	

EMPLOYMENT DESIRED

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO	

AVAILABILITY

MONDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
TUESDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
WEDNESDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
THURSDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
FRIDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
SATURDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
SUNDAY	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING

EDUCATION

HIGH SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
TRADE SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
COLLEGE	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
GRADUATE SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>

PREVIOUS EMPLOYMENT

EMPLOYER	DATES EMPLOYED	POSITION
JOB DUTIES	REASON FOR LEAVING	PAY

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REFERENCES

NAME	COMPANY	PHONE NUMBER
NAME	COMPANY	PHONE NUMBER
NAME	COMPANY	PHONE NUMBER

By signing, I hereby certify that the above information is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

SIGNATURE

DATE

THE QUESTIONNAIRE

IN AN IDEAL SCENARIO, WHAT DO YOU LOOK FOR WHEN YOU ENTER A SPACE (KAZA OR OTHERWISE) THAT WOULD MAKE YOU FEEL VALUED OR AT EASE?

RESPONSE:

**REFLECTING ON YOUR FIRST VISIT TO KAZA, WHAT ASPECTS MADE YOUR EXPERIENCE MOST POSITIVE?
WHAT ASPECTS MADE YOU FEEL OVERWHELMED OR UNEASY?
WHAT THINGS COULD OUR TEAM HAVE DONE DIFFERENTLY TO MAKE YOUR FIRST EXPERIENCE BETTER?**

RESPONSE:

ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU?

