

# Application For Employment

Planet Vapor Inc. POB 23458 Columbia SC 29223

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name: \_\_\_\_\_ Preferred to be called: \_\_\_\_\_

First, Middle, Last (plus any other names used – maiden, former etc.)

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please explain:	
Do You Have A Valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You At Least 21 Years Old and Eligible to Work in the Vaping Industry? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please explain:	
Do You Have Experience Vaping? Yes <input type="checkbox"/> No <input type="checkbox"/> How Many Years? _____	Are you willing to submit to a drug screening? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do You have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If selected for employment are you willing to submit to a background check and a drug screen?

Yes  No

## Position

Position you are applying for	Available start date	Desired pay
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Employment desired Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_

## Employment History Beginning with Current or Most Recent Position

<b>Employer (1)</b>	Job title		Dates employed
Work phone	Starting pay rate		Reason for leaving
Address	City	State	Zip
<b>Employer (2)</b>	Job title		Dates employed
Work phone	Starting pay rate		Reason for leaving
Address	City	State	Zip
<b>Employer (3)</b>	Job title		Dates employed
Work phone	Starting pay rate		Reason for leaving
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates employed
Work phone	Starting pay rate		Reason for leaving
Address	City	State	Zip

<b>Employer</b>	Job title		Dates employed
Work phone	Starting pay rate		Reason for leaving
Address	City	State	Zip

<b>Education Background</b>			
<b>High School</b>	<b>Address</b>	<b>Years Attended</b>	<b>Did You Graduate?</b>
<b>Name of College or Technical School</b>	<b>Address</b>	<b>Years Attended</b>	<b>Degree/Completed</b>
<b>Any Other Training</b>	<b>Address</b>	<b>Years Attended</b>	<b>Diploma/Certificate</b>

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Social Security Number _____
Date	Signature: _____