

EMPLOYMENT APPLICATION

personal data

All questions must be answered carefully and completely. PLEASE TYPE OR PRINT.

APPLICATION DATE		SOCIAL SECURITY NO. - -			
LAST NAME		FIRST NAME			M.I.
ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE NO. ()	BUSINESS PHONE NO. ()		E-MAIL ADDRESS		
POSITION DESIRED		SALARY DESIRED		DATE AVAILABLE	

CHECK TYPE OF EMPLOYMENT DESIRED:

full-time part-time temporary

For part-time or temporary, indicate days and time you are available?

<p>If you are under 18 and still in high school, can you provide a work permit upon hire? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Are you a previous applicant or employee? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when _____</p>	<p>Place a check to indicate source of referral:</p> <p><input type="checkbox"/> Advertisement – Specify _____</p> <p><input type="checkbox"/> Employee Referral – Specify _____</p> <p><input type="checkbox"/> Employment Agency – Specify _____</p> <p><input type="checkbox"/> Other – Specify _____</p>
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education, training, and experience

Name of High School, Technical School, and College	City, State	# of years completed	Did you graduate?	Degree / Diploma
High School:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

availability

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
From:						
To:						
From:						
To:						

work experience

COMPANY NAME		TYPE OF BUSINESS		PHONE NUMBER	
ADDRESS		CITY		STATE	ZIP
START DATE	LEAVE DATE	SALARY	REASON FOR LEAVING		
JOB TITLE		SUPERVISOR AND TITLE		MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DESCRIPTION OF JOB AND DUTIES:

COMPANY NAME		TYPE OF BUSINESS		PHONE NUMBER	
ADDRESS		CITY		STATE	ZIP
START DATE	LEAVE DATE	SALARY	REASON FOR LEAVING		
JOB TITLE		SUPERVISOR AND TITLE		MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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