

EMPLOYMENT APPLICATION

personal data

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

APPLICATION DATE					
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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