

Signature of Applicant

Date

JOB REQUIREMENTS

Are you currently employed? () Yes () No

May we contact your present employer? () Yes () No

When are you available to start? _____

Are you available to work () Full-Time () Part-Time () Afternoons () Evenings

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION RECORD

Circle highest Year Completed:

High School 1 2 3 4

College 1 2 3 4

EDUCATION

NAME AND LOCATION

GRADE POINT

HIGH SCHOOL

COLLEGE

COLLEGE

TECHNICAL OR BUSINESS

DIPLOMA / DEGREES

Describe specialized training, apprenticeship, skills, and extra-curricular activities: _____

GENERAL INFORMATION

If employed, and under the age of 18, can you furnish a work permit? () Yes () No

Are you on lay-off and subject to recall? () Yes () No

Are you a citizen of the United States? () Yes () No

If not a citizen, are you prevented from becoming legally employed because of visa or immigration status?

What other employment or "side-line" business do you have? _____

EMPLOYMENT RECORD

1 Company _____

Address _____

Length of Employment _____

Starting Wage (per) _____ Final Wage (per) _____ Hrs Per Week _____

Reason For Leaving? _____

May we contact this Employer? () Yes () No

2. Company _____

Address _____

Length of Employment _____

Starting Wage (per) _____ Final Wage (per) _____ Hrs Per Week _____

Reason For Leaving? _____

May we contact this Employer? () Yes () No

3. Company _____

Address _____

Length of Employment _____

Starting Wage (per) _____ Final Wage (per) _____ Hrs Per Week _____

Reason For Leaving? _____

May we contact this Employer? () Yes () No

In case of emergency contact:

Name _____

Address _____

Home Phone # _____

Work Phone # _____

Relationship _____

Allergies to any medications _____

Any other information you feel we should know about? _____
