



EQUAL OPPORTUNITY EMPLOYER EMPLOYMENT APPLICATION

POSITION APPLYING FOR _____
 FULL/PART TIME _____
 TODAY'S DATE _____

List available hours:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

NAME - LAST _____ FIRST _____ MIDDLE _____

HOME PHONE# _____ CELL PHONE # _____ EMAIL _____

ADDRESS _____ STREET _____ CITY & TOWNSHIP _____ STATE _____ ZIP CODE _____

SALARY EXPECTED _____ ARE YOU UNDER THE AGE OF 18? YES ___ NO ___

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

ANY REASON WHY YOU MAY NOT BE AVAILABLE FOR WORK ON A REGULAR WORK DAY? YES ___ NO ___ IF YES, DESCRIBE _____

PREVIOUS WORK EXPERIENCE - WE MAY OR WILL CALL PREVIOUS EMPLOYERS FOR REFERANCES.

	LAST OR PRESENT JOB		2		3	
COMPANY NAME						
CITY & STATE						
YOUR POSITION						
SUPERVISORS NAME						
PHONE NUMBER						
DATES OF EMPLOYMENT	FROM:	TO:	FROM:	TO:	FROM:	TO:
WAGE OR SALARY						
DESCRIBE YOUR DUTIES						
WHY DID YOU LEAVE?						

EDUCATION

NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS	GRADUATE?	NATURE OF COURSE OR DEGREE

WHAT KIND OF JOB WOULD YOU LIKE TO HAVE THREE YEARS FROM NOW? _____

DO YOU WORK FULL OR PART TIME ON ANOTHER JOB WHICH WILL CONTINUE IF EMPLOYED? YES ___ NO ___

IF "YES", EXPLAIN _____

VETERAN? YES ___ NO ___ CERTAIN POSITIONS REQUIRE A VALID DRIVER'S LICENSE, DO YOU HAVE ONE? YES ___ NO ___

IF YES, INDICATE LICENSE NUMBER _____ STATE _____

IF ALL INFORMATION ON THIS APPLICATION IS CORRECT PLEASE SIGN BELOW.

PRINT NAME _____ SIGN _____ DATE _____