

## **Employment Application**

Please write legibly and answer all questions.

Applicants may be tested for illegal drugs

Name					
Present Address_					
	Number	Street	City	State	Zip
If under 18, pleas	e list age				_
Phone Number (	)				
Email Address			<u> </u>		List Days and Hours
Emergency Contact	:: Name				available to work below. Working Hours:
Relation					9am-10:30pm
How many hours	can you worl	k weekly?		_	Tues Wed Thurs
Can you work aft	er 9pm				Fri
When are you av				_ [	Sat
Education (Institu	itions and Da				
	_	4 . 0	No. V	<b>-</b> S	
Have you ever be	en convicted	of a crime?	_NO1	00	

## **Work Experience** (Please list your work experience for the past 5 years with your most recent job held. Attach additional sheets if necessary.) Name of Employer\_\_\_\_\_ Your last job title:\_\_\_\_ Employment dates: From-\_\_\_\_\_To-\_\_\_\_ Address\_\_\_\_\_ Pay or salary: Start-\_\_\_\_\_Final-\_\_\_\_ Telephone (<u>\_\_\_)</u>\_\_\_\_\_ Name of last Supervisor\_\_\_\_\_ Duties Reason for leaving (be specific): Name of Employer\_\_\_\_\_ Your last job title: Employment dates: From-\_\_\_\_\_To-\_\_\_\_ Address\_\_\_\_\_ Pay or salary: Start-\_\_\_\_\_Final-\_\_\_\_ Name of last Supervisor\_\_\_\_ Telephone (\_\_\_)\_\_\_\_ Duties\_\_\_ Reason for leaving (be specific): Name of Employer\_\_\_\_\_ Your last job title:\_\_\_\_ Employment dates: From-\_\_\_\_To-\_\_\_ Address\_\_\_\_\_ Pay or salary: Start-\_\_\_\_\_Final-\_\_\_\_ Name of last Supervisor\_\_\_\_ Telephone (\_\_\_) Duties Reason for leaving (be specific): May we contact your present employer?\_\_\_\_Yes\_\_\_\_No Please list 2 references other than relatives or previous employers. Professional: Personal: Name\_\_\_\_ Position Position\_ Company\_\_\_\_\_ Company Address\_\_\_\_\_ Address\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_ Telephone(\_\_\_)\_\_\_\_

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facts called for on al.
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