

# Application for Employment

Name:	Date:
Current Address:	Home Phone:
	Cell Phone:
	S.S. Number:
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed here? If yes when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any relatives or friends currently employed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes give full name:	

Type of School	Name and Location	Graduate?	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School or Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Preference	
Position Desired:	Earnings Desired
When can you start?	
Are you working now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no how will you get to work?	
Can you work weekends and nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no when are you available?	

Employment History	
Employer:	Phone Number (    )
Address:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work performed:	
Reason for Leaving:	

Employment History	
Employer:	Phone Number (    )
Address:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work performed:	
Reason for Leaving:	