

# APPLICATION FOR EMPLOYMENT

NAME		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		
HOME PHONE	CELL PHONE	E-MAIL ADDRESS
ARE YOU AT LEAST 16 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU 18 OR OVER YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>

PLACEMENT INFORMATION		
POSITION APPLIED FOR	ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/>	
ARE YOU A CLUB MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>	WAGE DESIRED	DATE AVAILABLE
HOURS AVAILABLE TO WORK	CAN YOU WORK WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU CPR CERTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT HISTORY		
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED FROM: TO:	
POSITION	WEEKLY PAY START: LAST:	
SUMMARY OF DUTIES	REASON FOR LEAVING	

MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PREVIOUS EMPLOYER	TELEPHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED FROM: TO:	
POSITION	WEEKLY PAY START: LAST:	
SUMMARY OF DUTIES	REASON FOR LEAVING	

