

EMP. NO. _____

W4 _____

WORKING PAPER # _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

NAME: _____ SOC. SEC. # TAX ID NO. _____
First Middle Last

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ Are you 16 years of age or over? Yes No
(Proof of age or a work permit may be required.)

In Case of Emergency Notify:

NAME: _____ TELEPHONE _____
First Middle Last

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

AVAILABILITY:

Are you legally able to be employed in this country? Yes No (If hired, verification will be required by law)

What type of position are you seeking? Part Time Full Time Seasonal Temporary

Are you able to meet the attendance requirements of the position? Yes No

	S	M	T	W	T	F	S
HOURS AVAILABLE	From						
	To						

Total hours available per week _____
 Date available to start work _____

SCHOOL MOST RECENTLY ATTENDED:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ TELEPHONE (_____) _____

TEACHER OR COUNSELOR: _____ LAST GRADE COMPLETED: _____

GRADE AVERAGE: _____ GRADUATED? YES NO NOW ENROLLED? YES NO

Sports or activities? _____

MOST RECENT EMPLOYMENT:

Company: _____ Address: _____

Telephone: _____ Position: _____ Supervisor: _____

Dates Worked: From _____ To _____ Wage: _____ Mgmt. ref. ck. done by: _____

Reason for leaving: _____

Company: _____ Address: _____

Telephone: _____ Position: _____ Supervisor: _____

Dates Worked: From _____ To _____ Wage: _____ Mgmt. ref. ck. done by: _____

Reason for leaving: _____

Do we have your permission to contact your current employer? Yes No

If NO, please explain: _____

REFERENCES: (Please do not use family members)

Name: _____ Telephone: _____ Years Known: _____

Address: _____ City: _____ State: _____

Name: _____ Telephone: _____ Years Known: _____

Address: _____ City: _____ State: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Signature: _____ Date: _____