

Employee Application

Date _____

Position interested in		Salary expected	
Type of position requested	When is available for work?	Social Security Number	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time		Driver License Number	
Last name	First name	Emergency Contact Information	
Street address		City	State
code		Zip	Phone:
			Cell:
Are you 18 or older?		Do you have authorization to work in the United States?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION			
	School Name	Major	Dates (From/To)
High School or GED			
College/University			
List equipment and skills /experience			
EMPLOYMENT HISTORY			
1	Name of employer	Supervisor Name	Start Rate of Pay \$
			Final Rate of Pay \$
	Position Held	Phone Number	Date From: To:
	Reason for leaving		
	Primary Duties		
2	Name of employer	Supervisor Name	Start Rate of Pay \$
			Final Rate of Pay \$
	Position Held	Phone Number	Date From: To:
	Reason for leaving		
	Primary Duties		
Signature			Date

Equal opportunity Employer