



EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

EMP.NO. _____

W4 _____

WORKING PAPER# _____

PERSONAL INFORMATION: (Please print clearly)

NAME _____ SOC. SEC. # / TAX ID NO. _____

First Middle Initial Last

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

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 Initial Last

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

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 _____ TELEPHONE () _____

First Middle Initial Last

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

TEACHER OR COUNSELOR _____ LAST GRADE COMPLETED _____ GRADE AVERAGE _____

GRADUATED YES NO NOW ENROLLED? YES NO

Sports or activities? _____

MOST RECENT EMPLOYMENT:

COMPANY _____ TELEPHONE () _____

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

WAGE _____ REASON FOR LEAVING _____

Mgmt. Ref. Ck. Done by _____

COMPANY _____ TELEPHONE () _____

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

POSITION _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

WAGE _____ REASON FOR LEAVING _____

Mgmt. Ref. Ck. Done by _____

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 _____

First Middle Initial Last

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____

NAME _____ TELEPHONE () _____ YEARS KNOWN _____

First Middle Initial Last

ADDRESS _____ CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____