APPLICATION FOR EMPLOYMENT

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					POSITION OF I	NTER	EST	
PERSO	NAL INFORMATIO	N						
					SOC. SEC. #			
	FIRST NAME	М	LAST	NAME	TELEPHONE	(	)	
EMAIL:	STREE	T ADDRESS / .	APT. #	CELL PHONE:	CITY		STATE	ZIP CODE
				CELL THOME:	( )			
Are you	over the age of 18?	YES	NO If	NO, do you have	a work permit?		YES	NO
EMPLC	DYMENT HISTORY							
List you	r last 5 positions starting		or LAST EMPLO	DYER				
From:	Employ				Position:			
То:	Supervi				Telephone:	(	)	
Brief des	cription of job duties and re	easons for leavin	g:					
					Wages:			
From:	Employ	er:			Position:			
То:	Supervi				Telephone:	(	)	
	cription of job duties and re		g:			(	)	
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From:	Employ				Position:			
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Brief des	cription of job duties and re	easons for leavin	g:					
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					Wages:			
From:	Employ				Position:			
To:	Supervi				Telephone:	(	)	
Brief des	cription of job duties and re	easons for leavin	g:			_		
					Wages:			
Please li	st all your skills that rela	te to <u>the posi</u> t	ion fo <u>r which vo</u>	u are applying:				
1.				<b>6.</b>				
2.				7.				
3. 4.				8. 9.				
4. 5.				9. 10.				
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## SCHEDULING AVAILABILITY

Please indicate what times of the day you are available for work / training for the next three months. If you are unavailable, place an "X" in that box; leave "BLANK" if you are available; and indicate specific times if applicable.

	MON	TUES	WEDNES	THURS	FRI	SAT	SUN
AM SHIFT							
8-5PM							
PM							
SHIFT 5-CLOSE							
EXCEPTIONS							

Write any specific dates are exceptions to the above scheduling availability on the back of this section of the application.

THE TATAL TO TATAL		EMENTS						
Grade School:				High School:				
College or				Gradua Dates o		N Degr	10 ee:	
Other Schools:				Attenda Gradua	ince:		10	
College or				Dates o	f	Degr		
Other Schools:				Attenda Gradua			10	
College or Other Schools:				Dates o Attenda		Degr		
				Gradua	ted? YES		10	
College or Other Schools:				Dates o Attenda		Degr	ee:	
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PERSONAL RE			1 1	J	1.0			
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Name:		Telephone:		0	Occupation: elationship and			
				0	Occupation:			
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Name:		Telephone:	( )		elationship an Occupation:	d		
Do you have any perform the job f	impairments, phy or which you have	sical, mental, or r e applied?	nedical whic	ch would interfe	re with your a	bility to Y	ES	NO
Do you have any perform the job f If YES, explain: I hereby declare t knowledge. 1 unde	impairments, phy for which you have the information pro rstand that if emplo y name listed below	e applied? wided by me in th yed, any misstateme	is application	n for employmer n of fact on this a	t is true, corre	ct and complete be considered ca	to the use for d	Dest of my
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