

### Personal Information

Name (Last, First, Middle Initial):			
E-mail:		Application Date: ____ / ____ / ____	
Street Address:		City:	State:      Zip:
Phone #:		Alternate #:	

### Position Desired

Position Applied For:			
Wage Expected:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Available Date: ____ / ____ / ____
Work Status:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time - preferred # of hours worked per week:	
Shift Preference:		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Other:	
Availability: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			

### Education Verification

*The following information will be used to the extent in which it is relevant to the qualifications and position for which you have applied.*

Do you have a high school diploma or equivalent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution:		Degree Earned:
Have you earned a degree from a University or Technical College?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution:		Degree Earned:

### Work History

*Please include all employment / military experience within the past seven (7) years beginning with your present or most recent position.*

Name of Employer:		Title:	
Phone #:	Start Date: ____ / ____ / ____	End Date: ____ / ____ / ____	
If presently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    - please explain:			
Address:			
Reason for Leaving:		Name of Supervisor:	
Duties:			
Name of Employer:		Title:	
Phone #:	Start Date: ____ / ____ / ____	End Date: ____ / ____ / ____	
If presently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    - please explain:			
Address:			
Reason for Leaving:		Name of Supervisor:	
Duties:			
Name of Employer:		Title:	
Phone #:	Start Date: ____ / ____ / ____	End Date: ____ / ____ / ____	
If presently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    - please explain:			
Address:			
Reason for Leaving:		Name of Supervisor:	
Duties:			

