



### Work Application

Last Name	First Name	Middle Name
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Application for Position(s) of	Date Available	E-Mail Address
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Present Address (number, street, city, state, zip code)

Mailing Address (if different from above) (number, street, city, state, zip code)

Best Phone Number to reach you by	Additional Phone Number
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What days are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	What hours are you available to work? <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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Types of Employment Preferred (Check more than one box if desired)

<input type="checkbox"/> Permanent Full Time	<input type="checkbox"/> Permanent Part Time
<input type="checkbox"/> Temporary Full Time	<input type="checkbox"/> Temporary Part Time

Until: \_\_\_\_\_                      Until: \_\_\_\_\_

Do you have access to a car?.....  Yes     No

Do you have a valid driver's license?.....  Yes     No

Are you over age 18?.....  Yes     No

Do you have legal authorization to work in this country?.....  Yes     No

Are you a veteran?.....  Yes     No

<b>Education and Training</b>	
Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name and Location of High School

<b>Training beyond High School</b>	
(College or University, Nursing, Business College, or other schools you have attended.)	
Check the box next to the number of years in College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Name and Location

Describe any education, training or experience that you have had in which you feel is relevant to the job or jobs for which you are applying.

What makes you a great candidate for the position(s) you are applying for?