

Employment Application

Telephone Cell/Other Email Soc. Sec. No Date Available to Start Salary Desired Desire Full Time Part Time Please indicate the times you are available:	Zip
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Day A.M.	P.M.
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Additional notes regarding work schedule:	

EDUCATION	NAME OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR	SCHOOL	ATTENDED	GRADUATE:	STUDIED	
SCHOOL					
HIGH					
SCHOOL					
COLLEGE					
TRADE,					
BUSINESS					
SCHOOL, ETC					
Previous Employ	ment:				
Dates of Employ	ment:	to			
Employer Name:			Phone:		
Mailing Address	:				
Mailing Address: Supervisor: Title:					
Responsibilities:					
Starting Salary:		Endi			
Reason for Leavi	ng: May we contact?				
Dates of Employ	ment·	to			
Employer Name:	d: e: Phone:				
Mailing Address	:				
Supervisor:		Title:			
Responsibilities:					
Starting Salary:		Endi	ng Salary:		
	ng: May we contact?				
Summarize Your Skills and Qualifications					

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time."

"In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing."

Signature of Applicant	Date
OFFICE USE ONLY:	
Comments	