Application for Employment

Name

_____, _____ _____

Last First Middle Initial

Address	City	State	Zip Code

Phone	Social Security Number
( )	

Are you 18 or older?	Sex:
_____ Yes _____ No	___ Male ___ Female

EMPLOYMENT

What job do you want?	Check one:	When can you work?
	_____Full-time _____Part-time	___ Days ___ Nights ___Weekends

EDUCATION

Years of school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Are you in school now?	Name of School:	School Address:
_____Yes _____No		

Signature _____ Date_____