

# CLASSROOM JOB APPLICATION

PERSONAL INFORMATION			
NAME - Last	First	Middle	Social Security Number
CURRENT ADDRESS (Number, Street, Apt.)			
CITY, STATE, ZIP			
HOME PHONE	WORK PHONE	WHAT IS THE BEST TIME TO CALL YOU AT HOME?	
ARE YOU UNDER 18 YEARS OF AGE?		If yes, you will be requested to submit state required work/age certificates.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
FOR WHICH POSITIONS ARE YOU APPLYING?			
AVAILABILITY			
WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?		WHEN COULD YOU START EMPLOYMENT?	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SEASONAL	
SPECIAL SKILLS			
MONEY SKILLS	TIME SKILLS	OFFICE EQUIPMENT	
WHAT SPECIAL ABILITIES CAN YOU BRING TO THIS JOB?			