

Application For Employment



NAME _____ SSN _____-_____-_____
ADDRESS _____
TELEPHONE _____ ATTENDING SCHOOL _____
ACTIVITIES & INTEREST _____

APPLYING FOR: In House _____ Driving _____
IF HIRED: 1). WHEN CAN YOU START? _____
2). APPROX. HOW MANY HOURS/WEEK CAN YOU WORK? _____
DO YOU HAVE A VALID OLCC SERVER'S PERMIT? _____

DRIVING APPLICANTS: 1). ARE YOU AT LEAST 19 YEARS OLD? _____
2). OWN YOUR CAR? _____ 3). MAKE/YEAR _____
4). ANY CITATIONS/ACCIDENTS IN THE PAST THREE YEARS? _____
IF YES, EXPLAIN _____

PREVIOUS EMPLOYMENT: (most recent job first)

EMPLOYER _____ YOUR JOB _____
SUPERVISORS NAME _____ TELEPHONE _____
DATES EMPLOYED _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

EMPLOYER _____ YOUR JOB _____
SUPERVISORS NAME _____ TELEPHONE _____
DATES EMPLOYED _____ REASON FOR LEAVING _____

EMERGENCY CONTACT: NAME _____
ADDRESS _____ TELEPHONE _____

SIGNED _____ DATE _____

DATE INTERVIEWED _____ INTERVIEWED BY _____
HIRED? YES NO DATE TO START _____