

B. Education

High School: _____ Address: _____

From: _____ To: _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

C. References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

D. Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

E. Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

F. Disclaimer and Signature*I certify that my answers are true and complete to the best of my knowledge.**If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that I will not be paid for training unless I work four three-hour shifts within my first two weeks of employment.*

Signature: _____

Date: _____

G. Availability

Monday	(6 p.m. to 9 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tuesday	(6 p.m. to 9 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Wednesday	(6 p.m. to 9 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Thursday	(6 p.m. to 9 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Saturday	(10 a.m. to 2 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sunday	(1 p.m. to 5 p.m.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>