

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: ()

E-mail Address:

Social Security No.:

Position Applied for:

Are you 16 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available to work July 20-Aug 14	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what dates are you <u>un</u> available?		
Have you worked on the crew before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Food Handlers Permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, what year(s):			Do you have an OLCC License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

High School:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STILL ATTENDING <input type="checkbox"/>	
College:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STILL ATTENDING <input type="checkbox"/>	Degree: _____
Other:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STILL ATTENDING <input type="checkbox"/>	Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: ()
 Address: _____

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 Company: _____ Phone: ()
 Address: _____

