EMPLOYEE APPLICATION

PERSONAL INFORMATION

First Name	Middle Initial	Last Name

Address		City

State	Zip Code	Telephone

Birth Date / /	Age	Gender	Height	Weight	Hair Color

Are you legally eligible to work in the US? ☐ YES ☐ NO	Are you a veteran? ☐ YES ☐ NO

If selected for employment are you willing to submit to a background check? ☐ YES ☐ NO

Position

Position you are applying for:	Available start date:

Employment desired: ☐ Full time ☐ Part time ☐ Temporary	Desired pay

Education

School name	Years attend	Degree received	Major

References

Name	Title	Company	Phone