

APPLICATION FOR SEASONAL/PART TIME EMPLOYMENT

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER HOME PHONE CELL PHONE

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE YOU ARE AVAILABLE TO START WORK: _____

MAY WE CONTACT YOU AT WORK? _____ YES _____ NO BUSINESS PHONE _____

LICENSES AND ENDORSEMENTS HELD: _____

MACHINES OPERATED: _____

HAVE YOU EVER HAD YOUR RIGHT TO OPERATE A MOTOR VEHICLE SUSPENDED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION IN PREVIOUS EMPLOYMENT, OR HAVE YOU BEEN ASKED TO RESIGN? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION

	NAME AND LOCATION	MAJOR	DEGREE EARNED
HIGH SCHOOL			
COLLEGE			

