

Student Application for Employment

Please Print or Type All Information		Date
Last Name	First Name	Middle Name

Present Address (number, street, city, state, zip code)	Home Phone ()
Mailing Address (if different from above)	Alternate Phone ()

What hours are you NOT available to work <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Types of Employment Preferred (check all that apply)
What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) <input type="checkbox"/> Student

EDUCATION AND TRAINING	
Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Location of High School	

WORK EXPERIENCE: Provide a complete description. This information will determine if your application is accepted. Start with your most recent job.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		From (month, year) To (month, year)

List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received.