

Employment Application

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date Available			Desired Hourly Wage	
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any experience with fishing or fishing tackle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any weight lifting restrictions?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

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

REFERENCES	
<i>Please list up to two professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

OTHER INFORMATION
<i>Please write any other information below.</i>

PREVIOUS EMPLOYMENT

Company #1		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #2		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wag \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #3		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABILITY

Please list your availability:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Start Time	am pm	am pm	am pm	am pm	am pm	am pm	am pm
End Time	am pm	am pm	am pm	am pm	am pm	am pm	am pm
--OR--							
Available (circle one)	All Day Not Avail.	All Day Not Avail.	All Day Not Avail.	All Day Not Avail.	All Day Not Avail.	All Day/ Not Avail.	All Day Not Avail.

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 termination.

Signature	Date
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