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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name *(First, Middle Initial, Last)*	Phone Number
Address	Email

Are you fully vaccinated against COVID 19? ❒ YES ❒ NO

If yes, when was the date of the last vaccination/ booster?

POSITION INFORMATION

Position Applying For	
Do you meet the job requirements?	❒ YES ❒ NO
Are you available to work weekends?	❒ YES ❒ NO
What type of employment are you interested	❒ Part-Time ❒ Full-Time
Is your schedule flexible?	❒ YES ❒ NO
Do you have any upcoming day/time commitments?	List here:

Availability

Please check the days of the week you are available to work and indicate any time constraints below:

❒ MONDAY _____
❒ TUESDAY _____
❒ WEDNESDAY _____
❒ THURSDAY _____
❒ FRIDAY _____
❒ SATURDAY _____
❒ SUNDAY _____

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Major Skills

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in the position in which you are applying:

EDUCATION

Level	School Name	Period (Year, yyyy)		Degree

EMPLOYMENT ELIGIBILITY

Are you a US Citizen?	❒ YES ❒ NO
If no, are you authorized to work in the US	❒ YES ❒ NO
Have you ever worked for this employer before?	❒ YES ❒ NO
If yes, provide the start and end dates	
Have you been convicted of a felony	❒ YES ❒ NO
If yes, please explain:	

WORK REFERENCES

May we contact your current employer?	❒ YES ❒ NO	
Name *(First & Last)*	Company/ Relationship	Contact Number
1)		
2)		
3)		