

DATE _____

NAME _____

BEST PHONE # _____ email _____

ARE YOU CURRENTLY EMPLOYED? _____ IF YES WHERE? _____

IF NO, WHY? Please explain _____

HOW WOULD YOU GET TO AND FROM WORK? _____

ARE YOU CURRENTLY ON DISABILITY OR WORKERS COMP FROM ANOTHER JOB? _____

WHAT POSITION ARE YOU APPLYING FOR? _____

PLEASE NOTE **ANY** PRIOR EXPERIENCE RELATING TO THE JOB (ABOVE) YOU HAVE APPLIED FOR:

PLEASE LIST YOUR HIGHEST LEVEL OF EDUCATION COMPLETED _____ WHERE _____

ARE YOU 18 YEARS OR OLDER? _____

DO YOU HAVE A TB TEST CARD? _____ (REQUIRED FOR EMPLOYMENT)

CAN YOU PROVIDE **ORIGINAL** DOCUMENTS PROVING YOU ARE LEGAL TO WORK IN THE U.S.? _____

WHEN ARE YOU AVAILABLE TO START WORK? _____

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK? _____

WHAT IS YOUR DESIRED / EXPECTED SALARY? _____

PLEASE NOTE THE HOURS YOU **ARE** AVAILABLE TO WORK FOR EACH DAY LISTED BELOW: (if open write any)

MON TUE WED THU FRI SAT SUN

PLEASE LIST 3 PERSONAL TRAITS OR SKILLS YOU COULD BRING TO OUR COMPANY:

- 1.
- 2.
- 3.

ALL THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE _____

SIGNATURE

APPLICATIONS MAY BE RETURNED IN PERSON TUES-FRI 8:30 AM TO 10:00 AM ONLY

OFFICE USE ONLY

1ST INTERVIEW WITH	TIME	DATE	2ND INTERVIEW WITH	TIME	DATE
CALL BACK STATUS	FILE	DATE	HIRED	NJBM NAFHR U2VRF LRWE	SPC