

Employee Application Form
20 _____

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Birth Date: ____/____/____

Email Address (for sending schedules out): _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Previous Employment addresses & phone numbers:

Student Yes ___ No ___ Grade: _____

College Year: _____

If Middle School or High School Student, Please submit current age (this is for Department of Workforce regulations) _____

Signature: _____ Date: _____

This information will not be forwarded or sold for any use other than current employment opportunity.