

APPLICATION FOR SUMMER EMPLOYMENT

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER _____ TELEPHONE # _____

PARENTS OR LEGAL GUARDIAN: _____

DATE OF APPLICATION: _____ DATE AVAILABLE FOR WORK _____

POSITION APPLIED FOR: _____

WILL YOU BE 16 BY MAY 15, 2018 _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOYMENT, GIVE NAME AND

DEPARTMENT: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF YES, PLEASE LIST THE NAME OF

EMPLOYER _____ MAY WE CONTACT YOUR PRESENT

EMPLOYER? _____

FORMER EMPLOYMENT:

1. EMPLOYER: _____ WORK PERFORMED _____

JOB TITLE _____ REASON FOR LEAVING _____

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? _____

IN CASE OF EMERGENCY NOTIFY _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? _____ IF YES, WHEN _____

REFERENCES:

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

SIGNATURE _____ DATE: _____