



APPLICATION FOR EMPLOYMENT
Phone: 586-566-9572
Fax: 586-566-9746

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				Date of Birth									
Date Available			Social Security No.				Desired Salary						
Position Applied for													
How Many Hours Can You Work Weekly?						Can You Work Nights?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Employment Type Desired				FULL-TIME <input type="checkbox"/>				PART-TIME <input type="checkbox"/>					
Days/Hours Available: No Pref ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun ___													
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							
PREVIOUS EMPLOYMENT													
Company						Phone							
Address						Supervisor							
Job Title				Starting Salary \$				Ending Salary \$					
Responsibilities													
From			To			Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>			NO <input type="checkbox"/>				
List the jobs you hold, duties performed, skills used or learned, advancements or promotions while you worked at previous jobs.													