

APPLICATION FOR SEASONAL/TEMPORARY EMPLOYMENT

DATE OF APPLICATION:

PERSONAL INFORMATION			Available start date:					
Name:	Last	First	Mi	iddle				
Address: Street		(Apt)	City, St	ate Zip				
Ilternate Address: Street			City, Sta	ate Zip				
Contact Information:	() Home Telephone	()	Mobile	Email				
How did you learn about our company?								
Are you available to work weekends? Yes No Are you available to work evenings? Yes No If this is a seasonal position, when is your expected ending date?								
EDUCATION								
High School	Name and Locat	tion	Graduate?	Current Grade?				
College or University								
Specialized Training, Trade School, etc								
Other Education								
Please list your areas of highest proficiency, special skills or other items that may contribute to your performance.								

PERSONAL REFERENCE:						
Please give at least 2 Names:	Preferences, excluding former emplo Address	yers or relatives. Phone	Business	Years Known		
1.						
2.						
MISCELLANEOUS:						
Please answer the foll	owing questions to the best of your kno	wledge in the spac	e provided.			
Why have you chose	n our company for employment?					
	dditional information that you feel macular activities, honors, awards, etc.)		ted for employment wit	h us. (Hobbies,		
inquiries of my person	ers are true and complete to the best of ral, employment, educational, financial, on. I hereby release employers, schools, or	or medical history	and other related matter	s as may be necessary for		
In the event that I am result in discharge.	employed, I understand that false or mi	isleading informati	ion given in my applicati	ion or interview(s) may		
	nt:		Date:			