



# Application for Employment

All About You

PLEASE TYPE OR PRINT

Position Applying For:	Name (First, Middle, Last):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?	
Are you related to any current (company employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:	

## EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/licenses/ professional affiliations, etc.						

## WORK EXPERIENCE

<b>Dates Employed</b> (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Reason for Leaving:
Primary duties:		
<b>Dates Employed</b> (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Reason for Leaving:
Primary duties:		

## Availability (Check all that apply)

Morning 10:00am -4:00pm <input type="checkbox"/>	Afternoon 2:00pm- 9:00pm <input type="checkbox"/>	Evening 7:00pm -Close(12:00am) <input type="checkbox"/>
Days that you're available to work Mon <input type="checkbox"/> , Tues <input type="checkbox"/> , Wed <input type="checkbox"/> , Thurs <input type="checkbox"/> , Fri <input type="checkbox"/> , Sat <input type="checkbox"/> , Sun <input type="checkbox"/> Every day <input type="checkbox"/>	If you have school or another job please write out your schedule on the back.	Notes:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release Craze from liability all persons and organizations reporting information required by this application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_