

CRIVITZ YOUTH INC. APPLICATION FOR EMPLOYMENT



Our policy is to provide equal employment opportunity to all persons without regard to race, creed, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

PERSONAL

Last Name	First	Middle	Date
Address			Phone
Position Desired			Email
Have you ever applied for employment with us? Yes / No / If yes: Month & Year			Are you available for full-time employment if required? Yes / No / If not, what hours are you available?
Will you work second shift/weekend? Yes / No / Are you legally eligible for employment in the United States? Yes/No			When will you be available to start?

EDUCATION

	Name & Location	Course of Study	Number of Years Completed	Did you Graduate	Degree/Diploma
High School					
Business/ Trade/ Technical					
College					
Graduate					

REFERENCES

List three persons, not related to you, whom you have known for at least one year and could attest to your business/technical skills.

Name	Business	Relationship/Position	Phone

EMPLOYMENT HISTORY

Please give three accurate employment experiences. Start with your present or most recent employer.

Company Name	Phone
Address	Dates Employed (MM/YY)
Your Job Title & Responsibilities	Name of Supervisor
Reason for Leaving	

Company Name	Phone
Address	Dates Employed (MM/YY)
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Company Name	Phone
Address	Dates Employed (MM/YY)
Your Job Title & Responsibilities	Name of Supervisor
Reason for Leaving	

We will contact the employers listed above unless you indicate otherwise below:

DO NOT CONTACT	Employer	Reason for Leaving
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SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The company is hereby authorized to make any investigations of my prior education and employment history.

Signature:

Date: