APPLICANT INFORMATION		EMERGENCY CONTACT
Applicant Name:		Name
Today's Date:		Relationship to applicant
Physical Address:		Phone Number
City/State/Zip:		Address
Mailing Address (if different than physical):		<u>AVAILABILITY</u>
City/State/Zip		Desired wage?
Email:		Full/Part-Time?
SSN:		Scheduling Restrictions?
Phone:		What hours are you available to work?
Date of Birth:		Desired Start Date?
	FOR OFFICE USE ONLY Date of interview: Date of hire:	Agreed upon wage: Additional comments:
EDUCATION		<u>BACKGROUND</u>
High School Attended:		Do you have a history of any of the following:
Graduated? Y N		Drug/Alcohol Abuse? Y N (explain if
College Attended:		"Yes")
Graduated1	? Y N (and if "No" how many	Criminal Record? Y N (explain if "Yes")
years?)		Child Abuse/Neglect? Y N (explain if "Yes")
ADDITIONA	L QUESTIONS	
Are you aut	thorized to work in the US? Y N	I
Do you hav	e any current qualifications for this	job? I.e. Food Handler's, CPR/First Aid? Y N
Do you hav		V N
	ve a reliable form of transportation?	''\ <u></u>
How did yo		
	u hear of this opening?	