



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME (<i>Last name, First name Middle Initial</i>)		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Age if no:	EMAIL ADDRESS
ADDRESS (<i>Number, Street, City, State Zip Code</i>)			
TELEPHONE (<i>Home</i>)	TELEPHONE (<i>Mobile</i>)	Have you worked at Wildacres previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime other than a minor traffic incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:			

DESIRED EMPLOYMENT

EMPLOYMENT TYPE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	POSITION APPLYING FOR	Full Time or Part Time	DATE YOU CAN START
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EDUCATION (*most recent first*)

Level	School Name	Period (Year)		Degree
		From	To	

WORK EXPERIENCE (*most recent first*)

Company Name	Employed from/to:	Position	Reason for Leaving

May we contact your present employer? Yes No If No, why not? _____

IF Yes, name of Supervisor:

Contact Number:

REFERENCES (At least one work reference. No relatives or friends.)

Name	Title	Company	Contact Phone or Email

I certify that all answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment.

SIGNATURE

DATE