



Employment Application

GENERAL INFORMATION

Full Name _____ Date _____
 First MI Last

Address _____
 Street Address Apt/Suite#

City State Zip Date of Birth

Phone # _____ Email _____
 Home Cell

Job Type _____ Full Time _____ Part Time _____ Seasonal (circle one) Summer/Winter

Availability

| <u>Hours</u> | <u>Mon</u> | <u>Tues</u> | <u>Weds</u> | <u>Thurs</u> | <u>Fri</u> | <u>Sat</u> | <u>Sun</u> |
|--------------|------------|-------------|-------------|--------------|------------|------------|------------|
| From | | | | | | | |
| To | | | | | | | |

Are you at least 18 years of age? ___ Yes ___ No If No, you may be required to provide a work permit.

Are you a citizen of the USA? ___ Yes ___ No If No, are you authorized to work in the USA?

Have you ever been convicted of a felony? ___ Yes ___ No If Yes, please explain _____

EDUCATION

High School _____

Graduated ___ Yes ___ No ___ In School (year) _____

College _____

Graduated ___ Yes ___ No ___ In College (year) _____

REFERENCES

Full Name _____ Relationship _____

Company _____ Phone _____

Full Name _____ Relationship _____

Company _____ Phone _____

WORK EXPERIENCE

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

| | | |
|---------------------------------------|--------------------|----------------------------|
| Company | Name of Supervisor | Salary |
| Address | Start Date | End Date |
| City, State, Zip | Phone Number | May we contact Supervisor? |
| List your duties and responsibilities | | |
| Reason for leaving | | |

| | | |
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| Reason for leaving | | |

By signing this application you agree that the information provided is true and if not it may lead to your termination

Signature

Date

Phone/Fax: 330.655.5858

Info@mylulusyogurt.com

56 Library Street

Hudson 44236