

# VIDEO HOT SPOT

# EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment #		
City			State		ZIP	
Phone		Message phone			Date you can start	
Position Applied for				Desired Wage		
Have you ever interviewed with this company before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you Currently Employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?		

EDUCATION						
High School			City & State			
Number of years completed?	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>	Still Attending <input type="checkbox"/>	
College			City & State			
Number of years completed?	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			City & State			
Number of years completed?	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Special Skills						
<b>Activities</b> (Civic, Athletic, Etc)						
Exclude Organizations whose name indicates the race, creed, sex, age, marital status, color or nation of origin of its members.						

REFERENCES			
<i>Please list three references that are <u>not</u> related to you, whom you have known for at least 1 year.</i>			
Full Name		Relationship	
Company		Phone	(     )
Address			
Full Name		Relationship	
Company		Phone	(     )
Address			
Full Name		Relationship	
Company		Phone	(     )
Address			

**EMPLOYMENT HISTORY** starting with last one first. Please give all part-time & full-time employment.

Company				Phone	( )		
Address				Supervisor			
Job Title				Wage \$			
Responsibilities							
From	To	Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	( )		
Address				Supervisor			
Job Title				Wage \$			
Responsibilities							
From	To	Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	( )		
Address				Supervisor			
Job Title				Wage \$			
Responsibilities							
From	To	Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch				From		To	
Rank at Discharge				Type of Discharge			

**HOURS AVAILABLE**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or during an interview may result in my release.

Signature				Date			
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