APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Last Name:	First Name:		Middle Initial:
Present Address:	City:	State:	ZIP:
Telephone Number:	Are you 18 years old or o	older? (Yes or No)	
Are you a US citizen? (Yes or No) If no, do you have an Alien Registration Receipt Card (I-151)?			
Have you ever been convicted of a felony?	If yes, type of felony con-	viction?	
DESIRED EMPLOYMENT			
Position Desired:	Date you can start?	S	alary Desired:
Are you willing to accept: Full-time	Part-time	On call	Summer only
Are you presently working?	If yes, may we contact your current emp	loyer?	
Are you willing to work weekends?	Do you have a current driver's license?		
Have you ever applied here before?			Year:
Have you ever worked for this company?	If yes, in what department?	,	
How did you hear about our company?	TV Radio New	spaper O	ther
EDUCATION			
Name of School (List most recent first)	Yr(s) Attn Location: City/State	e/Country Cour	se of Study Degree
WORK WATERWAY	.		
WORK HISTORY (List present or I	± •	C'1 /C111 /ZID	
Name of Company:	Address:	City/State/ZIP:	- M
Supervisor:	Phone Number:	Salary:	May we contact?
Position:	Duties:		
Name of Company:	Address:	City/State/ZIP:	
Supervisor:	Phone Number:	_	May we contest?
Position:	Duties:	Salary:	May we contact?
rosition.	Duties.		
Name of Company:	Address:	City/State/ZIP:	
Supervisor:	Phone Number:	Salary:	May we contact?
Position:	Duties:		
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IN CASE OF EMERGENCY			
Name:	Address:	City/State/ZIP:	
Home Phone:	Work Phone:		
By signing and dating this application you a	are swearing that all information is true a	nd understand that a	ny misleading information
provides cause for immediate termination.			,
Signature: Date of Application:			
Signature: Date of Application:			