

Mark's Repair Inc

Name _____ Social Security Number _____

First Middle Last

Address _____

Number Street City State Zip Code

Current phone or nearest phone _____

Previous Address _____

Number Street City State Zip

If hired can you provide proof of age? _____ proof of drivers license? _____

Are you a U.S. Citizen or an Alien legally entitled to work in U.S.? _____

EDUCATION:

School Attended	Years Attended	Name of School	City/ State	Graduate?
Sr. High				
Tech				
Other				

I am seeking Employment for:

- Temporary
 Regular

If temporary, indicate dates available _____

I am available for:

- Part Time Preferred Hours _____ to _____
 Full Time Preferred Hours _____ to _____

If part-time, indicate maximum hours per week _____

Are there any hours or days of the week when you would not be available to work? Yes No

If yes, explain: _____

Previous pay: Hourly? _____ Yearly? _____

Expected pay: Hourly? _____ Yearly? _____

REFERENCES

LIST BELOW YOUR 3 MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU HAVE HAD LESS THAN 3 EMPLOYERS, USE THE REMAINING SPACES FOR PERSONAL REFERENCES. IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN IF APPLICABLE.

NAMES AND ADDRESSES OF FORMER EMPLOYERS,
BEGINNING WITH THE CURRENT OR MOST RECENT

Name	Phone no.
Address	State
City	Zip Code

What kind of work did you do? _____ Start Date _____ End Date _____

Why did you leave? Give details. _____

Name	Phone no.
Address	State
City	Zip Code

What kind of work did you do? _____ Start Date _____ End Date _____

Why did you leave? Give details. _____

Name	Phone no.
Address	State
City	Zip Code

What kind of work did you do? _____ Start Date _____ End Date _____

Why did you leave? Give details. _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with Company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company other than the President or Vice President of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have an applicant's written permission before obtaining consumer reports or police records on an individual, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit to a pre-employment SUBSTANCE ABUSE TEST.

Applicant's Signature _____ **Date** _____