



GENERAL INFORMATION

Last Name		First		Middle			
Street Address			City, State, Zip				
Email		Cell Phone#					
Home Phone		Aternate Phone		Social Security #			
Driver License #		State	Expiration Date	Class	DOB		
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Month & Year: Location:							
Position Desired		Pay Expected		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be able to begin?							
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			How did you learn of our organization?				
Days/Times available to work							
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
AM							
PM							

I hereby authorize The Wave to make any and all investigations of my personal and employment history and authorize any former employer, person, firm, corporation, school or government agency to supply court records, criminal justice records, educational records, employment records or personnel files.

I further agree that I will hold The Wave harmless for any employment decisions it wishes to make regarding information contained in said records.

Signature: _____ Printed Name: _____

EMPLOYMENT- COMPLETE IF NO RESUME ATTACHED

Please give accurate, complete full-time and part-time employment record. Start with present or most recent.

Company Name		Telephone	
Address		Employed (Month & Year) From: To:	
Name of Supervisor		Weekly Pay Start: Last:	
State Job Title & Describe Your Work		Reasons for Leaving	
Company Name		Telephone	
Address		Employed (Month & Year) From: To:	
Name of Supervisor		Weekly Pay Start: Last:	
State Job Title & Describe Your Work		Reasons for Leaving	

Company Name	Telephone
Address	Employed (Month & Year)
	From: To:
Name of Supervisor	Weekly Pay
	Start: Last:
State Job Title & Describe Your Work	Reasons for Leaving

EDUCATION

Note Last Year Completed:	Describe other Education or Training.
Junior High 6 7 8	
High School 9 10 11 12	
College/Trade School 1 2 3 4	
Post Graduate 1 2 3 4	

Have you every been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses which has not been annulled, expunged or sealed by a court? If yes, describe in full.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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State names of relatives and friends working for us.

Do you have physical limitations which preclude you from performing certain jobs? If yes, describe.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigation consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date