

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please Print	Date: PERSONAL				
Name:	Soc. Sec. #				
Present Address:N	o. Street	City	State Zip		
Previous Address:					
Are you 18 years of again Are you a U.S. citizen?		No Phone No. (<u>)</u>	<u>=</u>		
•	erator's (driver's) license?	? Yes No			
If yes, license number a	and state				
Do you hold an active F	Real Estate License? Yes	No 🗌			
If no, are you willing to	get licensed within 6 mon	oths of hire date? Yes	No		
	<u>EMERGE</u>	NCY CONTACT			
In case of an emergeno	cy notify: Name:				
Address:					
Phone:()					
	MILITARY S	SERVICE RECORD			
Have you ever serviced	d in the Armed Forces?	Yes No			
If yes, what branch?					
Dates of duty: From	:	To:			
List of Duties:					
Present Membership in	National Guard or Reser	ves· Yes No			

EMPLOYMENT DESIRED

Position:		Date you can start:			_ Salary desired:				
Type of Employment Desired:				ull-time Temporary Weekends			- <u>—</u>		
Were you previo	ously employed by	y us? Yes [No 🔲	If yes,	when?			
EDUCATION Name and I		Location of School		No. of Years Attended		Graduated? Yes / No		Course Or Major	
Grammar School				7 111011		133711		aje:	
High School									
College									
Other Education	on								
List your record	of employment b	EMPLOY leginning with ye				ent positior	١.		
Dates From To	Name and Addre	lame and Address of Employer				Supervisor's Name and Title		Reason for Leaving	
Description of w	vork:								

EMPLOYMENT HISTORY (continued)

Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving	
/ork:				
	T	Companie and	Decree for	
Name and Address of Employer	Position	Name and Title	Reason for Leaving	
	-			
vork:				
	′es 🗌	No If not,	indicate which	
sued through the local school dist	rict, and parer	ntal permission	-	
FERENCES:				
	Name and Address of Employer vork: the employers listed above? You wish us to contact. are under 17 years of age, we would through the local school dist	Name and Address of Employer Position work: the employers listed above? Yes not wish us to contact. are under 17 years of age, we will require, priceued through the local school district, and parer	Name and Address of Employer	

If applying online: Please be advised that

THIS AUTHORIZATION PAGE WILL NEED YOUR HANDWRITTEN SIGNATURE AND DATE

I authorize The Young Agency to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by The Young Agency, my employment is voluntarily entered into and I am free to resign at any time. Similarly, The Young Agency is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature			Date				
	DO NOT WRITE IN THE SPACE BELOW						
Intervie	w by:			Date:			
Hired:	Yes	No	Position		_ Salary/Wage:		
Dept			Date R	Reporting to Work			