

FAIRWAYS OF WOODSIDE EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____ DATE OF BIRTH _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NO. _____ CELL PHONE NO. _____ E-MAIL ADDRESS _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

WHAT HOURS WOULD YOU BE ABLE TO WORK? (PLEASE LIST HOURS AVAILABLE FOR EACH DAY OF THE WEEK)

MON. _____ TUE. _____ WED. _____ THU. _____ FRI. _____ SAT. _____ SUN. _____

ARE YOU CURRENTLY EMPLOYED? ___YES ___NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___YES ___NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? ___YES ___NO IF SO, WHERE & WHEN? _____

DO YOU KNOW ANYONE EMPLOYED HERE? ___YES ___NO IF SO, WHO? _____

EDUCATION HISTORY

	NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR SCHOOL	_____	_____	_____
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
TRADE, BUSINESS OR OTHER SCHOOL	_____	_____	_____

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTHS AND YEARS)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

(GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR)

NAME BUSINESS PHONE NO. YEARS KNOWN

NAME BUSINESS PHONE NO. YEARS KNOWN

NAME BUSINESS PHONE NO. YEARS KNOWN

AUTHORIZATION

"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 authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE

DATE

INTERVIEWED BY

DATE

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

Multiple horizontal lines for writing remarks.