

Are you willing to work a split shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your schedule flexible so you can attend training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to stay late in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work holidays / weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable means of transportation to and from work for the days and times you are available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions required by the job for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have any obligations or commitments that may affect your schedule (such as travel plans) please indicate the dates and times you will be unavailable _____ _____	

WORK HISTORY- List your last 3 jobs. Please fill out all information completely			
	Current or Most Recent Job	Previous Job	Previous Job
Company			
Company Address			
Company Phone Number			
Name and Title of Immediate Supervisor			
Phone Number of Immediate Supervisor			
Job Title / Position And Duties (Please Describe, and add page if necessary)			
Dates of Employment	____ Month/Year to Month/Year ____	____ Month/Year to Month/Year ____	____ Month/Year to Month/Year ____
Usual Number of Hours			
Reason for Leaving			
May We Contact This Employer All employers, including your current employer may be contacted to verify the information you provide.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate of Pay	\$ _____ Starting Wage \$ _____ Ending Wage	\$ _____ Starting Wage \$ _____ Ending Wage	\$ _____ Starting Wage \$ _____ Ending Wage

EDUCATION	Name and location of school	Last year completed	Courses majored in	Graduate? List degrees
High school		9 10 11 12		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
Other				

