

COPPERFIELD'S

APPLICATION FOR EMPLOYMENT

OFFICE USE

Personal Information

FIRST NAME	MIDDLE NAME	LAST NAME
PRIMARY PHONE NUMBER ()	SECONDARY PHONE NUMBER ()	EMAIL ADDRESS

Employment Desired

POSITION	DATE YOU ARE AVAILABLE	SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES NO	MAY WE CONTACT YOUR EMPLOYER? YES NO	SUPERVISOR	SUPERVISOR PHONE NUMBER ()
HAVE YOU APPLIED HERE BEFORE? YES NO	IF YES, WHEN?	WHAT POSITION?	

Scheduling Availability

 WRITE AN **X** NEXT TO SHIFT TIMES FOR WHICH YOU **WOULD NOT** BE AVAILABLE TO WORK.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___ 9:45-2:00	___ 9:45-2:00	___ 9:45-2:00	___ 9:45-2:00	___ 9:45-2:00	___ 9:45-2:00	___ 9:45-2:00
___ 2:00-6:15	___ 2:00-6:15	___ 2:00-6:15	___ 2:00-6:15	___ 2:00-6:15	___ 2:00-6:15	___ 2:00-6:15

Education

ELEMENTARY SCHOOL	CITY, STATE	
GRADUATED? YES NO	MAJOR SUBJECTS	GPA
HIGH SCHOOL	CITY, STATE	
GRADUATED? YES NO	MAJOR SUBJECTS	GPA
COLLEGE	CITY, STATE	
GRADUATED? YES NO	MAJOR SUBJECTS	GPA
TRADE SCHOOL OR OTHER	CITY, STATE	
GRADUATED? YES NO	MAJOR SUBJECTS	GPA

Subjects of Special Study or Research: _____

Activities: Civic, Athletic, etc. EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

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Former Employers LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT.

EMPLOYED DATE FROM TO	EMPLOYER NAME	EMPLOYER ADDRESS
SUPERVISOR	PHONE NUMBER ()	EMAIL ADDRESS
EMPLOYED DATE FROM TO	EMPLOYER NAME	EMPLOYER ADDRESS
SUPERVISOR	PHONE NUMBER ()	EMAIL ADDRESS
EMPLOYED DATE FROM TO	EMPLOYER NAME	EMPLOYER ADDRESS
SUPERVISOR	PHONE NUMBER ()	EMAIL ADDRESS
EMPLOYED DATE FROM TO	EMPLOYER NAME	EMPLOYER ADDRESS
SUPERVISOR	PHONE NUMBER ()	EMAIL ADDRESS

References

NAME	BUSINESS	YEARS KNOWN	PHONE NUMBER ()
NAME	BUSINESS	YEARS KNOWN	PHONE NUMBER ()
NAME	BUSINESS	YEARS KNOWN	PHONE NUMBER ()

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NUMBER ()
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Date

Signature

DO NOT WRITE BELOW THIS LINE.	
INTERVIEWED BY: _____	DATE: _____
REMARKS: _____	

<input type="checkbox"/> HIRED	POSITION: _____ SALARY/WAGES: _____