

Wee Care at Labor
Employment Application

Date _____

Name _____

Address _____

City	State	Zip
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Email Address _____

Phone Numbers: () _____

Position Desired: _____

Salary Desired: _____

Date You Can Start: _____

Are you Employed Now? _____

Status Desired: _____ Full Time _____ Part Time _____ Summer

Current Physical and TB Shot: Yes No

Hours available: _____

EDUCATION: Name and Location of School

High School: _____

Did you graduate? _____ Year _____

College: _____

Course of Study: _____

Did you Graduate? _____ Year _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE STARTING. LIST ALL EMPLOYMENT STARTING WITH THE MOST RECENT EMPLOYER.

WORK EXPERIENCE

Company Name _____

Company Address _____

Phone Number _____

Supervisor's Name _____

Job Title _____

Dates of Employment _____

Reason for Leaving _____

WORK EXPERIENCE

Company Name _____

Company Address _____

Phone Number _____

Supervisor's Name _____

Job Title _____

Dates of Employment _____

Reason for Leaving _____