The River's Edge

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

_			(PLEASE	PRINT)				
Position Applied For				Date of Application		Telephone Number		
Name	Last	First		Middle Initial		Altern	ate Phone Nu	Imber
Address	Number	Street		City	:	State	Zip Code	
Are you	18 years of age	or over? Yes	If No:	Are you 16 year	s of age	or over?	Yes	No
Are you	currently employ	ed? Yes	No	_				
lf	Yes: May we	contact your preser	nt employe	r? Yes	No			
On what	t date would you l	oe available for worl	</td <td></td> <td>-</td> <td></td> <td></td> <td></td>		-			
Are you	able to work:	Full Time	Part Ti	me Ten	porary_			
	4	pm-10pm	On Cal					
Sun_	Mon	Tue	Wed	Thu	Fri		Sat	
Commer	nts:							
Are you	currently on "lay	-off" status and sub	ject to rec	all? Yes	No			
-		of a felony within t disqualify an applicant from	-	ears? Yes	No			
lf Yes, p	lease explain:							

Education

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
College				
Technical School				
Other				

Describe any specialized training, qualifications, certifications, apprenticeship or other skills

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates F	mployed	Work Performed
•			From	То	Work i cironned
	Address				
	Telephone Number(s)		Hourly Ra	te / Salary	Reason for Leaving
	Job Title	Supervisor	Starting	Final	-
		Supervisor			
2	Employer		Dates E	mployed	Work Performed
			From	То	
	Address				
	Telephone Number(s)		Hourly Ra	te / Salary	Reason for Leaving
			Starting	Final	
	Job Title	Supervisor			
3	Employer		Dates F	mployed	Work Performed
			From	То	
	Address				
				te / Salary	Reason for Leaving
	Address Telephone Number(s)		Hourly Ra	te / Salary Final	Reason for Leaving
		Supervisor		te / Salary Final	Reason for Leaving
Δ	Telephone Number(s) Job Title	Supervisor	Hourly Ra Starting	Final	
4	Telephone Number(s)	Supervisor	Hourly Ra Starting Dates E	Final	Reason for Leaving Work Performed
4	Telephone Number(s) Job Title	Supervisor	Hourly Ra Starting	Final	
4	Telephone Number(s) Job Title Employer Address	Supervisor	Hourly Ra Starting Dates E From	Final mployed To	Work Performed
4	Telephone Number(s) Job Title Employer	Supervisor	Hourly Ra Starting Dates E From Hourly Ra	Final mployed To te / Salary	
4	Telephone Number(s) Job Title Employer Address	Supervisor	Hourly Ra Starting Dates E From	Final mployed To	Work Performed

References

1		
	(Name)	(Phone #)
	(Address)	
2	(Name)	(Phone #)
	(Name)	(Phone #)
	(Address)	
3	(Name)	(Phone #)
	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Address)	

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant Date