

Wilderness Falls ~ Application for Employment

Name: _____ Date: _____

Present Address:

Street City State Zip

Phone Number: (____) ____ - _____

Are you at least 16 years of age? Yes No

Date You Can Start: ____/____/____ Desired Wage: _____

Availability: _____

Hours per Week You Would Like to Work: _____

Education

High School: Name and Location: _____
Number of Years Attended: _____
Did You Graduate? Yes No

College/Other: Name and Location: _____
Number of Years Attended: _____
Did You Graduate? Yes No

Physical Record

Do you have any physical limitations that would prevent you from performing any work for which you are being considered? Yes No

Former Employment (List Most Recent Employers)

Name of Employer: _____	Name of Employer: _____
Address: _____	Address: _____
Employed From: _____	Employed From: _____
To: _____	To: _____
Position: _____	Position: _____
Salary: _____	Salary: _____
Reason for Leaving: _____	Reason for Leaving: _____

References (Please give the names of 2 people not related to you, whom you have known at least one year)

1. Name: _____ 2. Name: _____
Phone: (____) ____ - _____ Phone: (____) ____ - _____
Relation: _____ Relation: _____

“I certify that the facts contained in this application are true and complete to the best of my knowledge.”

Print Name: _____

Signature: _____