

OPITZ*OUTLET

EMPLOYMENT APPLICATION

LAST NAME					FIRST		MIDDLE		CELL:	
									EMAIL:	
STREET ADDRESS					APT. NO.		CITY		STATE	
									ZIP CODE	
PLEASE LIST PREVIOUS ADDRESS IF YOU HAVE BEEN AT THE ABOVE ADDRESS FOR LESS THAN 7 YEARS:										
STREET ADDRESS					APT. NO.		CITY		STATE	
									ZIP CODE	
SOCIAL SECURITY NO.					ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LIST ALL OTHER NAMES THAT YOU HAVE USED INCLUDING BUT NOT LIMITED TO ALL OTHER NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL:										
<div> <div> <p>ARE YOU A U.S. CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICES TO WORK IN THE UNITED STATES?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAVE YOU EVER HAD A PROFESSIONAL LICENSE REVOKED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div> <p>HAVE YOU APPLIED FOR A POSITION WITH ANY OFFICE OF THIS COMPANY BEFORE?</p> <p><input type="checkbox"/> Yes</p> <p>IF YES, WHEN? MONTH____ YEAR____</p> <p>POSITION: _____</p> <p>LOCATION: _____</p> <p><input type="checkbox"/> No</p> </div> </div>										
POSITION AND LOCATION					SALARY/HOURLY RATE DESIRED					
LIST PC SKILLS/SOFTWARE:							MANNER OF INTRODUCTION (I.E., JOB BOARD, AGENCY, ETC.)			

AVAILABILITY:

WHAT TIME ARE YOU AVAILABLE EACH DAY OF THE WEEK? PLEASE ENTER YOUR AVAILABLE START AND END TIMES IN THE BOXES BELOW.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ARE YOU APPLYING FOR A SEASONAL OR TEMPORARY POSITION?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

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EDUCATION:

	# YEARS COMPLETED	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE? YES	DEGREE
HIGH SCHOOL/GED					
COLLEGE					
GRADUATE SCHOOL					
OTHER (INCLUDES MILITARY TRAINING)					

EMPLOYMENT APPLICATION

Employment History

DATE		NAME, ADDRESS AND PHONE NUMBER OF CURRENT AND PREVIOUS EMPLOYERS (INCLUDING MILITARY EXPERIENCE)	POSITION	SALARY	REASON FOR LEAVING
FROM Mo/Yr	TO Mo/Yr				
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			

DATE

APPLICANT SIGNATURE

INTERVIEWER