

MEXICAN VILLAGE

Employment Application

APPLICANT INFORMATION

Last Name:	First:	M.I.:	Date:			
Street Address:		Apartment/Unit #:				
City:	State:	ZIP:				
Phone:	Date Available To Start:					
Position Applying For:	Social Security #:	Desired Salary:				
Availability: (check all that apply)						
Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:
<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Day <input type="checkbox"/> Night
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Can you complete the basic functions of desired position without accommodations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, please specify any restrictions:				
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:				

EDUCATION

High School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	