



**CRIVITZ YOUTH, INC.
APPLICATION FOR EMPLOYMENT**



Our policy is to provide equal employment opportunity to all persons without regard to race, creed, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Phone
Have you ever applied for employment with us? Yes No If yes: Month & Year			Email
Position Desired			
Are you available for full-time employment if required? Yes No If not, what hours are you available? _____			Will you work second shift/weekend?
Are you legally eligible for employment in the United States?			When will you be available to start?

EDUCATION

School	Name & Location	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
High School					
Business/Trade/Technical					
College					
Graduate					

REFERENCES

List three persons, not related to you, whom you have known for at least one year who could attest to your business/technical skills

Name	Business	Relationship /Position	Phone
Name	Business	Relationship /Position	Phone
Name	Business	Relationship /Position	Phone

EMPLOYMENT HISTORY

Please give three accurate employment experiences. Start with your present or most recent employer.

Company Name	Phone
Address	Employed-State Month & Year From To
Name of Supervisor	
State Job Title & Responsibilities	Reason for Leaving

Company Name	Phone
Address	Employed-State Month & Year From To
Name of Supervisor	
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Company Name	Phone
Address	Employed-State Month & Year From To
Name of Supervisor	
State Job Title & Responsibilities	Reason for Leaving

We will contact the employers listed above unless you indicate otherwise

DO NOT CONTACT

Employer	Reason for Leaving
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Attach additional information if necessary

SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The company is hereby authorized to make any investigations of my prior education and employment history.

Date _____

Signature _____