## RITA'S APPLICATION FOR EMPLOYMENT

## **Personal Information**

Name: Last/First/M	iddle Initial				
Home Address: (in	clude City/State/Zip	Code)		Λτο να	ou over 18? Y or
N				Aic yo	54 6ver 16: 1 61
Email	Cell	phone	Home/Alternate cell phone		
		Education	nal History		
School Name/Loca	tion (include Years	Completed and Degree /D	iploma)		
College:					
		Employme			
		r			
Company Name	Supervisor	Phone #	Pay Rate	Employed From/To	Reason for Leaving
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Company Name	Supervisor	Phone #	Pay Rate	Employed From/To	Reason for Leaving
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1		Kek	Achees		
1					
Name		Relationship	Years Known	Telephone #	
2					
Name		Relationship	Years Known	Telephone #	
I authorize the abov	e employer to obtain	information about me fro	om my previous emplo	over(s), schools, an	d references. I
authorize my previo	ous employers, schoo	ls that I have attended, an	d references to disclos	se to the above emp	oloyer such
		ay request. I attest that the			
		s in this application will bge, gender, race, creed, national			
	nance of essential job fund			, , , , ,	, J
Applicant's Signature:				Date:	

## **Availability Sheet**

what is the first date that you	u will be able to begin working:			
	re you able to work? Spring:			
-	e each day? (Place an "X" next to a	ıny day	(s) you are not available to t	work at all.)
SPRING	SUMMER(start date:	)	FALL(start date:	)
SUNDAY:				
THURSDAY:				
FRIDAY:				
Please indicate any vacations	s you have planned/time off req	uests	through October 23, 20	22.
(Note that we are open E	VERY day, including all ho	liday	s):	
REASON:	DATE(S)			
REASON:	DATE(S)			
REASON:	DATE(S)			
I understand that any desired of affect my employment status.	changes to the above schedule mu	ıst be a	pproved by my manager	and may
Signature:			Date:	