



at Montevideo

Employment Application Form

The Crossings at Montevideo

Personal Information

Full Name _____ Telephone # _____

Cell Phone # _____ Email _____

Address _____ City, State _____ Zip _____

Best way to get ahold of you _____

Employment Desired

Position/s applying for: 1. _____ 2. _____

Employment Sought: 40-30 hours/week _____ less than 30 hours/week _____

Date you can begin: _____ Salary Desired _____

If student, School ending date: _____ Fall starting date: _____

Are you currently employed? Yes No

If yes, may we contact employer? Yes No

Can you, at the time of employment, submit verification of your legal right to work in the United States? Yes No

Education

High School _____ Location _____ Graduate? Yes No

College _____ Location _____ Graduate? Yes No

College _____ Location _____ Graduate? Yes No

Trade/Business/Graduate School _____ Location _____

Graduate? Yes No

Please Answer

Why are you interested in becoming an employee with The Crossings at Montevideo? _____

Do you have reliable transportation? _____

What are your personal commitments for this upcoming summer? _____

Date:

Telephone #:

Name:

Personal Information (please fill in)

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What are your career goals? _____

Where did you hear about our open position? _____

Employment History — list most recent first

Company Name _____ Last Position _____

Address _____ City State, Zip _____

Telephone No. _____ Employment Dates _____

Reason for Leaving _____

Company Name _____ Last Position _____

Address _____ City State, Zip _____

Telephone No. _____ Employment Dates _____

Reason for Leaving _____

Company Name _____ Last Position _____

Address _____ City State, Zip _____

Telephone No. _____ Employment Dates _____

Reason for Leaving _____

References — list 3 individuals [not related to you] who are familiar with your work-related skills.

Name	Name of Company	Company Address	Telephone No.	Years Acquainted