



114 S. New York Ave.,
Atlantic City, NJ, 08401

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL

Name: _____ Soc. Sec. # _____

Present Address : _____
No. Street City State Zip

Previous Address: _____

Are you 18 years of age or over? Yes No Phone No. ____ (____) _____ :

Are you a U.S. citizen? Yes No

Do you have a valid operator's (driver's) license? Yes No

If yes, license number and state _____

EMERGENCY CONTACT

In case of an emergency notify: Name: _____

Address: _____

Phone: ____ (____) _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Type of Employment Desired: Part-time Full-time Temporary
Day Evenings Weekends

Were you previously employed by us? Yes No If yes, when? _____

EDUCATION	Name and Location of School	No. of Years Attended	Graduated? Yes / No	Course Or Major
Grammar School				
High School				
College				
Other Education				

EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position.

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

May we contact the employers listed above? Yes No If not, indicate which one(s) you do not wish us to contact.

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

THREE (3) REFERENCES: _____

Applicant's Signature

Date

DO NOT WRITE IN THIS SPACE BELOW

Interview by: _____ Date: _____

Hired: Yes _____ No _____ Position _____ Salary/Wage: _____

Dept. _____ Date Reporting to Work _____