

SUMMER CARES, LLC

EMPLOYMENT APPLICATION

First Name:		Last Name:	
Street Address:		Apt # :	
City :		State:	Zip Code:
Phone: Home:		Cell:	
E-mail Address:			
Position Applying for:		Date available:	
Minimun Acceptable Salary per hour:			
Are you a U.S. citizen?	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"/>	
Have you ever been convicted osa felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			

Education

High School	[Name , City, State]				
Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes:	Diploma <input type="checkbox"/>	GED <input type="checkbox"/>
Year graduated/ completed:					
Have you attended college?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
College [name,city, state]					
Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:		
Other Education and Trainning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Degree or area of study:					