FAIRWAYS OF WOODSIDE EMPLOYMENT APPLICATION

PERSONAL INFORM	ATION						
NAME (LAST NAME FIRST)				DATE O	- BIRTH		
PRESENT ADDRESS			ITY		STATE	ZIP CODE	
PERMANENT ADDRESS		CI	TY		STATE	ZIP CODE	
HOME PHONE NO.		CELL PHONE NO.		E-MAIL	ADDRESS		
EMPLOYMENT DESI	RED						
POSITION	DATE YOU CAN START			SALARY DESIRED			
WHAT HOURS WOULD YOU B	E ABLE TO WORK?	(PLEASE LIST HOURS	S AVAILABLE FOR	EACH DAY OF	THE WEEK)		
MON TUE	WED	THU	FRI	SAT	SU	N	
DO YOU KNOW ANYONE EMPI			SO, WHO?		YEARS ATTEND		
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE TRADE, BUSINESS OR OTHER SCHOOL							
FORMER EMPLOYER (LIST BELOW LAST THREE EM		IG WITH LAST ONE F	(RST)				
-				POSITION	REASO	REASON FOR LEAVING	

REFERENCES (GIVE THE NAMES OF 3 PERSONS	NOT RELATED TO YOU, WHOM YOU	J HAVE KNOWN AT LEAST A YEAR)	
NAME	BUSINESS	PHONE NO.	YEARS KNOWN
NAME	BUSINESS	PHONE NO.	YEARS KNOWN
NAME	BUSINESS	PHONE NO.	YEARS KNOWN
AUTHORIZATION			
any and all information concer otherwise, and release the cor I also understand and agre employment for any specified and signed by an authorized of This waiver does not perm	ning my previous employment and any from all liability for any date that no representative of the period of time, or to make any any any any representative.	and the references and employers and any pertinent information they a mage that may result from utilizat company has any authority to ente greement contrary to the foregoing -related or medical information in a deral and state laws."	may have, personal or ion of such information. or into any agreement for g, unless it is in writing
SIGNATURE		DATE	
INTERVIEWED BY	·	DATE	
<u>REMARKS</u>	DO NOT WRITE BEI	OW THIS LINE	