

Application for Employment

PERSONAL INFORMATION

DATE ____/____/____

NAME _____
LAST FIRST MIDDLE

S.S.N. ____-____-____

ADDRESS _____
STREET CITY STATE ZIP

PHONE ____-____-____

DATE OF BIRTH ____/____/____

LICENSE _____
NUMBER STATE

IS THIS A VALID LICENSE? Y N

DO YOU HAVE ANY DRIVING CONVICTIONS? Y N

IF SO, EXPLAIN _____

COMMERCIAL DRIVERS LICENSE (CDL)? Y N

MANUAL TRANSMISSION? Y N

EMPLOYMENT DESIRED

FULL-TIME

DATE YOU CAN START ____/____/____

PART-TIME

ARE YOU CURRENTLY EMPLOYED? Y N

FULL-TIME SUMMER

PRESENT EMPLOYER _____

PART-TIME SUMMER

CONTACT NAME & PHONE _____

MAY WE CONTACT THIS EMPLOYER? Y N

EDUCATION

	NAME & LOCATION	YEARS ATTENDED
ELEMENTARY		
HIGH SCHOOL		
COLLEGE <i>INDICATE DEGREE</i>		

PAST EMPLOYMENT

DATE <i>MM/YYYY</i>	NAME & LOCATION OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

* IF MORE ROOM IS REQUIRED PLEASE ATTACH A SEPARATE LABELED SHEET TO APPLICATION.
 ** A RESUME CAN ALSO BE ATTACHED IF DESIRED.

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1. _____
NAME ADDRESS PHONE
2. _____
NAME ADDRESS PHONE
3. _____
NAME ADDRESS PHONE

I CERTIFY THAT **ALL** THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE

SIGNATURE OF APPLICANT _____

ADVANTAGE TENNIS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

*PLEASE DELIVER APPLICATION TO:
 ADVANTAGE TENNIS, INC.
 P.O. BOX 73 - PASSUMPSIC, VT 05861*