

LIFETIME ADVENTURES APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name

Last First middle

Present address

Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ If under 18, please list age _____

Position applied for (1) _____ and salary desired (2) _____

Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME ___

When are you available for work? _____

SCHOOL COMPLETED _____

NAME OF SCHOOL _____

LOCATION _____

NUMBER OF YEARS COMPLETED _____

MAJOR & DEGREE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were:

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references other than relatives or previous employers.

Name _____ relationship _____ years known _____

Telephone () _____ Address _____

Name _____ relationship _____ years known _____

Telephone () _____ Address _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer? __ Yes __ No

Name of employer _____

Address _____

Name of last supervisor _____ Employment dates From _____ To _____

Pay or salary _____ Phone number _____ Your last job title _____

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____

Address _____

Name of last supervisor _____ Employment dates From _____ To _____

Pay or salary _____ Phone number _____ Your last job title _____

Reason for leaving (be specific)

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Please Sign _____