

AMERICAN HAT MAKERS

JOB APPLICATION

PERSONAL INFORMATION

NAME _____ SOC.SEC# _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

MESSAGE OR EMERGENCY CONTACT _____ PHONE _____

HIGH SCHOOL GRADUATE? Y N IF NO, YEARS COMPLETED _____

YEARS OF COLLEGE COMPLETED _____ WHERE _____

PREVIOUS EMPLOYMENT

DATES EMPLOYED FROM _____ TO _____

EMPLOYER _____ JOB TITLE _____

LOCATION _____

PAY RATE _____ REASON FOR LEAVING _____

CONTACT PERSON (SUPERVISOR) _____ PHONE# _____

DATES EMPLOYED FROM _____ TO _____

EMPLOYER _____ JOB TITLE _____

LOCATION _____

PAY RATE _____ REASON FOR LEAVING _____

CONTACT PERSON (SUPERVISOR) _____ PHONE# _____

DATES EMPLOYED FROM _____ TO _____

EMPLOYER _____ JOB TITLE _____

LOCATION _____

PAY RATE _____ REASON FOR LEAVING _____

CONTACT PERSON (SUPERVISOR) _____ PHONE# _____

DO YOU HAVE ANY PERSONAL OR JOB RELATED EXPERIENCE THAT MAY PROVE HELPFUL IN LEARNING THE JOB DESIRED? PLEASE EXPLAIN

DO YOU HAVE ANY PHYSICAL LIMITATION THAT MAY IMPACT YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR? PLEASE EXPLAIN

WHEN CAN YOU START _____

SIGNATURE OF APPLICANT: _____ DATE: _____

