SUMMER/RE	CREAT	ION	EMPL	OY	MENT API	LICATI	UN		
PRINT IN BLACK INK	OR TYPE				ANSWE	R ALL QU	ESTIONS		
SOCIAL SECURITY NUMBER:					-				
NAME:									
Last First					Middle				
ADDRESS:									
Number  HOME PHONE: ()	PHONE: WOR				City State Zip Code				
INDICATE JOB TITLE(S) Y	OU WISH	го ві	E CONSID	ERE	D FOR:				
,									
EDUCATION:	FROM-TO (mo. & yr.)				TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE EXPECTING DEGREE OR		
REQUESTED BELOW							DIPLOMA		
HIGH SCHOOL OR GED	,						v		
COLLEGE						-	e e		
GRADUATE SCHOOL OR OTHER EDUCATION			,						
PLEASE LIST MOST RELE	VANT COU	JRSE	WORK:		DRIVER'S LIC	ENSE INFO	RMATION:		
NAME OF COURSE	DIVISIO	DIVISION			NONE				
					OUT OF ST.	TE(Indicate State)			
					NEW YORK	STATE	ГАТЕ		
		N.			MOTORIST I.D. #				
				CLASS RI		ESTRICTIONS			
		_			ENDORSEMENTS				
						1 0 44	- No		
Are you now, or have you ever b									
Have you been convicted of a vice of \$50 or less and any offense and necessarily disqualify you from e	judicated in Ji employment.	uvenile	e Court or u	nder a	youmun offender	law.) Convict			
*IF YES, YOU MUST ATTAC SHEET OF PAPER.									
Have you ever been discharged f									
*IF YES, YOU MUST ATTAC PAPER.	H AN EXPL	ANAT	TION OF E	ACH	DISCHARGE ON	A SEPARAT	E SHEET OF		
Are you under age 18? *Yes	No. *I	f yes,	you will be	requi	red to supply a wo	ork permit.			

WORK EXPERIENCE:	nformation requester position for which y may be attached to						
LENGTH OF EMPLOYMENT  Month/Year to Month/Year	EMPLOYER		ADDRESS	СІТУ,	STATE, ZIP CODE	TATE, ZIP CODE	
HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:					
YOUR TITLE	L			i a			
TYPE OF BUSINESS					,,	÷	
NAME AND TITLE OF SUPERVISOR							
REASON FOR LEAVING							
LENGTH OF EMPLOYMENT  Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY	, STATE, ZIP CODE		
HOURS WORKED PER WEEK	EARNINGS PER HOUR						
YOUR TITLE							
TYPE OF BUSINESS							
NAME AND TITLE OF SUPERVISOR							
REASON FOR LEAVING							
REFERENCES: List the	ne names of three ind	ividuals fa	miliar with your a	bilities.			
NAME		ADDRESS			PHONE		
1.							
2.							
3.							
QUALIFICATIONS:	If certified in any o	f the follow	wing areas, please	check and attac	ch certificate:		
Red (	Cross First Aide	1	Expiration Date _				
CPR Expiration Date							
Lifesa							
WSI			Expiration Date _				
1	of Age (if required						
Andrew Strandstanding	ing Papers (if under		Expiration Date _				
Other	· (please specify)						
I AFFIRM THAT ALL STA PAPERS) ARE TRUE UNDI				LUDING ANY	ATTACHED		
	Signature			Date			