



EMPLOYMENT APPLICATION

I. PERSONAL INFORMATION

NAME (LAST, FIRST, MI)				
ADDRESS		CITY	STATE	ZIP
HOME PHONE ()		OTHER PHONE ()		EMERGENCY PHONE ()
DO YOU HAVE FRIENDS OR RELATIVES WORKING AT WAVES?		IF YES, WHO?	HAVE YOU APPLIED TO WAVES BEFORE?	
ARE YOU 18 YEARS OF AGE OR OLDER?	DO YOU HAVE RELIABLE TRANSPORTATION?		ARE YOU A LEGAL U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		IF YES, EXPLAIN		

II. DESIRED EMPLOYMENT

POSITION OF INTEREST		WOULD YOU ACCEPT ANOTHER POSITION?		IF YES, WHAT POSITION			
DATE YOU CAN START		WHICH DO YOU PREFER? <input type="checkbox"/> NIGHTS <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAYS <input type="checkbox"/> PART TIME (CHECK ALL THAT APPLY)		WHICH WILL YOU ACCEPT? <input type="checkbox"/> NIGHTS <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAYS <input type="checkbox"/> PART TIME (CHECK ALL THAT APPLY)			
CAN YOU WORK HOLIDAYS?							
CHECK THE SHIFTS WHICH YOU ARE NOT ABLE TO WORK							
	MON	TUE	WED	THUR	FRI	SAT	SUN
MORNING							
EVENING							
ARE YOU CURRENTLY EMPLOYED?				MAY WE INQUIRE YOUR PRESENT EMPLOYER?			

III. FORMER EMPLOYERS (MOST RECENT FIRST)

COMPANY NAME		STARTING DATE	LEAVING DATE
TITLE	STARTING SALARY	ENDING SALARY	SUPERVISOR
REASON FOR LEAVING			PHONE ()
MAJOR ACCOMPLISHMENTS /RESPONSIBILITIES			
COMPANY NAME		STARTING DATE	LEAVING DATE
TITLE	STARTING SALARY	ENDING SALARY	SUPERVISOR
REASON FOR LEAVING			PHONE ()
MAJOR ACCOMPLISHMENTS /RESPONSIBILITIES			

COMPANY NAME		STARTING DATE	LEAVING DATE
TITLE	STARTING SALARY	ENDING SALARY	SUPERVISOR
REASON FOR LEAVING			PHONE ()
MAJOR ACCOMPLISHMENTS /RESPONSIBILITIES			

IV. EDUCATION

HIGH SCHOOL	DID YOU GRADUATE?	COURSE OF STUDY
COLLEGE	DID YOU GRADUATE?	COURSE OF STUDY
GRAD SCHOOL	DID YOU GRADUATE?	COURSE OF STUDY
OTHER TRAINING OR CERTIFICATIONS	DID YOU GRADUATE?	COURSE OF STUDY

V. ADDITIONAL INFORMATION

EMERGENCY CONTACT PERSON (NAME)	PHONE ()
STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN CONSIDERING THIS APPLICATION	

VI. SIGNATURE

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INDIVIDUALS, COMPANIES, AND AGENCIES CONCERNED TO PROVIDE THIS COMPANY AND ITS AGENTS WITH ALL INFORMATION NECESSARY TO VERIFY THE STATEMENTS I HAVE MADE ON THIS APPLICATION, AND I RELEASE THEM FROM ANY LIABILITY FOR SO DOING. I UNDERSTAND I MUST RECEIVE SATISFACTORY REFERENCES FROM PREVIOUS EMPLOYERS BEFORE AN OFFER OF EMPLOYMENT CAN BE MADE. I UNDERSTAND THAT INCOMPLETE AND UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED AND THAT FALSE, INCOMPLETE OR MISLEADING STATEMENTS ARE GROUNDS FOR IMMEDIATE DISCHARGE. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON PROOF OF MY IDENTITY AND DOCUMENTING MY RIGHT TO WORK. I UNDERSTAND THAT THESE POLICIES CANNOT BE CHANGED EXCEPT IN WRITING.

SIGNATURE	DATE
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VII. FOR OFFICE USE ONLY *** (DO NOT WRITE IN THIS SECTION) *******

REMARKS:		
HIRED POSITION	STARTING DATE	RATE
INTERVIEWED BY	SIGNATURE	DATE