



# Employment Inquiry

An Equal Opportunity Employer

Please Complete This Form

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Middle

Present Address

\_\_\_\_\_ No. & Street      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

(\_\_\_\_) \_\_\_\_\_ Contact Number      \_\_\_\_\_ Email Address

## Employment Desired

Position applying for: \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

Check this box if your availability is open

What days and hours are you available for work?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

If hired, on what date can you start work? \_\_\_\_\_