



Application for Employment

Thanks for your interest in employment with Zaloo's Canoes. Please complete all parts of this application in legible print. If you have any questions or need any accommodations to complete this application, please ask for assistance from a staff member. All applicants are subject to background and drug screening prior to an offer of employment.

FIRST NAME	M.I.	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE #	EMAIL ADDRESS	

POSITION APPLYING FOR	REQUESTED RATE OF PAY (PER HOUR) \$ _____ . _____
TYPE OF WORK SOUGHT (CHECK ONE) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DATE AVAILABLE TO START WORK

HIGH SCHOOL DIPLOMA OR GED (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	LEVEL OF EDUCATION PAST HIGH SCHOOL (IF ANY)
LIST ANY ADDITIONAL EDUCATION, CERTIFICATIONS, LICENSES, OR SPECIAL SKILLS	

ARE YOU OVER 18 YEARS OF AGE (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE U.S. (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A CRIMINAL RECORD (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO

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EMPLOYER 1	
JOB TITLE	
START DATE	END DATE
EMPLOYER LOCATION (STATE)	
STARTING PAY	ENDING PAY
REASON FOR LEAVING	
SUPERVISOR NAME	
SUPERVISOR CONTACT #	

EMPLOYER 2	
JOB TITLE	
START DATE	END DATE
EMPLOYER LOCATION (STATE)	
STARTING PAY	ENDING PAY
REASON FOR LEAVING	
SUPERVISOR NAME	
SUPERVISOR CONTACT #	

EMPLOYER 3	
JOB TITLE	
START DATE	END DATE
EMPLOYER LOCATION (STATE)	
STARTING PAY	ENDING PAY
REASON FOR LEAVING	
SUPERVISOR NAME	
SUPERVISOR CONTACT #	

EMPLOYER 4	
JOB TITLE	
START DATE	END DATE
EMPLOYER LOCATION (STATE)	
STARTING PAY	ENDING PAY
REASON FOR LEAVING	
SUPERVISOR NAME	
SUPERVISOR CONTACT #	

I certify that my answers on this application are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

NAME (PRINT)	SIGNATURE
DATE	