



Northeast Guide Service

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AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please Print

Date: _____

PERSONAL

Name: _____ Soc. Sec. # _____

Present Address : _____
No. Street City State Zip

Previous Address: _____

Are you 18 years of age or over? Yes No Phone No. ____ (____) _____ - _____

Are you a U.S. citizen? Yes No

Do you have a valid operator's (driver's) license? Yes No

If yes, license number, class, and state _____

EMERGENCY CONTACT

In case of an emergency notify: Name: _____

Address: _____

Phone: ____ (____) _____

MILITARY SERVICE RECORD

Have you ever serviced in the Armed Forces? Yes No

If yes, what branch? _____

Dates of duty: From: _____ To: _____

List of Duties: _____

EMPLOYMENT HISTORY (continued)

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

May we contact the employers listed above? Yes No If not, indicate which one(s) you do not wish us to contact.

Certifications and Licenses:

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

THREE (3) REFERENCES: _____

