For Office Use Only			
Date Rcvd			
Taken By			
Interview			
Action			

Teen/Student Application for Employment

A. Personal Information				
Name:				
Cell Phone:		_		
Address:		G:	G	7: 0 1
Street		City	State	Zip Code
Email Address:				
Are you eligible to work in the	U.S.? () Yes () I	No		
B. Educational Record				
Name of School	Location	Scholastic Standing		Did You Graduate? (Y/N)
High School				
College (if applicable) Business/Trade School (if applicable)				
C. How Did You Hear Abo	out This Job?			
Internet () Friend (name) () Our website () Other:				
D. Job Preferences				
For what type of work are you List the qualities, knowledge, or	applying? or experience you	have that would	hier, loading, greenhohelp you in this positi	ouse, nursery, general)

E. Current/Previous Employment

Name and Address of Employer	Da From	ate To	Job Title / Description	Salary	Reason for Leaving

	\mathbf{r}	•	P				
F.	R	Δ 1	ום	rΔ	n	~	2

(Provide two or more non-relative references who may be contacted.)

Name	Phone	Relationship		

G. Availability

Approximate hours available per week:	
• Summer: Which days?	
 Summer: Which days? School Year: Which days? 	
How long do you intend to work? () Years: () Months: () Summer Only	
Will you work Nights (until 6pm) and weekends? () Yes () No	
Can you work both Saturday and Sunday? () Yes () No Will you work during school months? () Yes () No Is transportation to work a problem? () Yes () No Do you have parental approval to work? () Yes () No Do you plan extended vacations? () Yes () No Details Are you 15 years of age or older? () Yes () No. Do you have a work permit? () Yes () No	
List any school or extracurricular activities and the time of year they run:	
H. Personal Statement	
(Briefly explain why you are a good candidate for employment at Wallace's Garden Center.)	
I. Applicant Certification	
I certify that the answers given by me in this application are true and correct without omissions of any kind. authorize the U.S. Government, companies, schools, or persons named above to give any information regard my employment, separation, or discharge, together with any information they may have about me. I hereby release the above from all liability for any damage for issuing this information. I understand and agree that a false statement is grounds for denial of employment or dismissal if already employed.	ling
Signature of Applicant: Date:	