



ZELLAS EMPLOYMENT APPLICATION

NAME _____

LAST, FIRST MIDDLE

TELEPHONE _____ EMAIL _____

CURRENT ADDRESS _____

NUMBER STREET, CITY, STATE, ZIP

POSITION APPLIED FOR _____ SALARY DESIRED _____

HAS ANYONE REFERRED YOU TO ZELLAS? _____

DATE APPLICATION FILLED OUT _____ DATE YOU CAN START _____

YOU MUST BE 16 YEARS OF AGE TO WORK HERE. DO YOU MEET THIS REQUIREMENT? _____

AVAILABILITY: PLEASE LIST TIMES YOU CAN WORK. NUMBER OF HOURS YOU WOULD LIKE PER WEEK? _____

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

FRIDAY _____ SATURDAY _____

SOMETIMES WE HOST PRIVATE EVENTS ON SUNDAYS AND MONDAYS. ARE YOU AVAILABLE IF NEED BE? _____

TELL US ABOUT YOUR EDUCATION:

WHAT ELSE SHOULD WE TO KNOW ABOUT YOU?

MORE ON BACK...

WORK EXPERIENCE:

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

MOST CURRENT JOB HELD – EMPLOYER _____

SUPERVISOR NAME _____ PHONE NUMBER _____

WAGES EARNED _____ DUTIES PERFORMED _____

NEXT CURRENT JOB HELD – EMPLOYER _____

SUPERVISOR NAME _____ PHONE NUMBER _____

WAGES EARNED _____ DUTIES PERFORMED _____

NEXT CURRENT JOB HELD – EMPLOYER _____

SUPERVISOR NAME _____ PHONE NUMBER _____

WAGES EARNED _____ DUTIES PERFORMED _____

ANY OTHER WORK-RELATED SKILLS? _____

PLEASE LIST TWO REFERENCES:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____



THANK YOU FOR CONSIDERING ZELLAS FOR YOUR EMPLOYMENT!