

APPLICATION FOR EMPLOYMENT

Neca's

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. The company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, or physical or mental handicap.

PLEASE PRINT

PERSONAL	Name: Last	First	Middle	Date Of Application:
	Street Address:			Position Applied For:
	City, State, Zip			Social Security Number:
	When would you be available to begin work?			Telephone Number: ()
	Have you ever worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name(s) _____			Salary Expected: \$ _____ per
	Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify _____			
	Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, month and year _____			
	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what is your immigration status? _____			
	Can you work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO			Can you work shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO
	What type of work are you seeking? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary			Hours Available to Work _____
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION	School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma	
	College				<input type="checkbox"/> YES <input type="checkbox"/> NO		
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Elementary School				<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Other				<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Are you a student?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
	Are you planning to pursue further studies?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
If yes, when and where, and what courses of study? _____							