

Shenandoah Publications, Inc.

Employment Application

Date _____

Personal Information

Last Name _____ First Name _____ M.I. _____ D.O.B. _____

Address _____ City, State, Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

Have you ever been convicted of a felony? Yes No. If yes, please explain _____

Have you ever been employed here before? Yes No. If yes, please explain _____

Are you legally eligible for employment in this country? Yes No. If you are under 16, do you have a work permit? Yes No

Do you have transportation? Yes No. Do you have any health problems that would prohibit you from lifting 30 lbs? Yes No

Position

Position Applied For _____ Date Available to Start _____

Shift Availability	Monday	Tuesday	Wednesday	Thursday	Saturday
A. M.					
P.M.					

Work Experience

From _____ To _____ Employer _____ Phone _____

Address _____ City, State, Zip _____

Job Title _____ Nature of the work/responsibilities _____

Immediate Supervisor _____ Reason for leaving _____

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Address _____ City, State, Zip _____

Job Title _____ Nature of the work/responsibilities _____

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