



**AVAILABILITY:** Give below the times that you are available to work each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number (with Area Code)	Business	Years Acquainted
1			
2			
3			

In Case of  
Emergency Notify

Name

Address

Phone no.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also authorize company to inquire from my references listed above.

Date

Signature