TAIL COMMAND

EMPLOYMENT APPLICATION

IF YOU (JNABLE TO	OPEN, CLO	OSE & WOR		S at all; <u>NO</u>	NEED TO	APPLY			
	MON	TUES	WEDS	THURS	FRI	SAT	SUN			
Earliest can come in						/	r			
Latest can stay							1			
HOURS OF OPERATION	6am- 6:30pm	6am- 6:30pm	6am- 6:30pm	6am- 6:30pm	6am- 6:30pm	7:30am- 5:30pm	7am-10am 3pm-6pm			
We usually have each person OPEN once or twice a week, same as with CLOSE. Our team members usually work one-two weekends per month. We have rotating schedule for Holidays.										
			Applicant I	nformation						
Full Name:						Date:				
Las	t 🖉		First		M.I.	Duie.				
Address:										
	et Address					Apartm	ent/Unit #			
City	y 🖉				State	ZIP Coc	le			
Phone:				Email						
<u> </u>			'							
Date Available to Start: Date of Birth: Desired Salary:										
Position Applied for:										
Are you a citizen of the United States?										
Have you ever been convicted of a YES NO felony?										
Education										
High School:			Address:							
From:	To:	Did yo	ou graduate?		Diploma: <u> </u>					
College:			Address:		1					
From:	To:	Did yo	ou graduate?	YES NO	Degree:					

Reference								
Full Name:		Relationship:						
A								
	Previous Employmen	t						
Company:		Phone:						
Address:								
Job Title:	Starting Salary: \$	Ending Salary: \$						
Responsibili	ties:							
From:	To: Reason for Le	eaving:						
May we co reference?	ntact your previous supervisor for a YES							
Company:		Phone:						
Address:		Supervisor:						
Job Title:	Starting Salary: \$	Ending Salary: \$						
Responsibili	ties:							
From:	To: Reason for Le	eaving:						
May we co reference?	ntact your previous supervisor for a YES							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature:	Date:	