

Employment Application

		Applicant Ir	nforma	ation				
Full Name:					Date of Birth:			
Last		First	First		M.I.			
Address:								
	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:	Phone: Email:							
Text messaging: Yes/ No		_ Position Applied for:			Desired Pay: \$			
Extra Curric	ulars:							
Available evenings & weekends? Y or N								
		Educa	ation					
High School	:	Address:_						
From:	To:	Did you graduate?	YES	NO □	Diploma:			
College:		City/State:_						
<u> </u>			YES	NO				
From:	To:	Did you graduate?			Degree:			
-	_	Refere	nces		_	_		
Please list	three professional re	eferences.						
Full Name:				Relationship:				
Company:					Phone:			
Address:								
Full Name:					Relationship:			
ruii name:Company:			Phone:					
Address:								
Full Name:								
Company:					Phone:			
Address:								

Previous Employment								
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Ending Salary:						
Responsibili	ities:							
From:	To:	Reason fo	or Leaving:_	_				
May we con	tact your previous supervisor for a reference?	YES	NO □					
Company:			_	Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Starting Salary:						
Responsibili	ities:			_				
From:	To:	Reason fo	or Leaving:_					
May we con	tact your previous supervisor for a reference?	YES	NO 🗆					
What is you	r favorite movie and why?			_				
Send Application								
Applications can be emailed to TiffinDriveIn@gmail.com or mailed to 4101 N State Route 53 Tiffin, OH 44883.								
	Disclaimer a	nd Signa	ture					
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 release.								
Signature:				Date:				