

Employee Application

Date:_____

The Preston County Workshop (CRP) does not discriminate on the basis of age, gender, race, color, religion, disability, sexual orientation, marital status or national origin in employment.

Name:	Middle	Last			
Address: Route/Street or Box	City		State & Zij	p Code	_
Phone Number:	Social Sec	curity Number:			
Email:	Position(s)	Applying for:			
Circle your availability:	Full Time	Part Time	7	Гетр Wo	rk
Available Start Date:	Circle days	s available: M	T W	TR F	SAT SUN
How did you learn about u	s?		·———		
Are you 18 years of age or	older? A	re you currentl	y employ	ed? _	
Do you have any physical l of work? If so, please expl	•	lude you from	performi	ng certa	in kinds
Please list personal refere	ences (no former emp	loyers or relati	ves):		
1) Name:	Оссир	oation:			
Phone Number:	Relati	onship to you:			
2) Name:	Оссиј	pation: ———			
Phone Number:	Relati	ionship to you:			
3)Name:	Оссиј	pation:			
Phone Number:	Rela	tionship to you	:		



Cultege Attended: Degree received? Yes No Specialized Training:	High School Attended:	Diploma or GED received? Yes No
Please list any experiences, skills, or qualifications that may add to your employment capabilities. Please list past places of employment, beginning with the most recent. 1) Name of Employer: End Date: End Date: Db Duties: May We Contact? Yus No 2) Name of Supervisor: Phone Number: End Date: Db Duties: May We Contact? Yus No 2) Name of Employer: Start Date: End Date: Phone Number: May We Contact? Yes No 3) Name of Employer: Start Date: End Date: Db Duties: May We Contact? Yes No	College Attended:	Degree received? Yes No
Please list past places of employment, beginning with the most recent. 1) Name of Employer: Start Date: End Date: Job Title: Job Duties: May We Contact? Yes No 2) Name of Employer: Sturt Date: End Date: Job Title: Job Duties: May We Contact? Yes No 3) Name of Supervisor: Phone Number: May We Contact? Yes No 3) Name of Employer: Start Date: End Date: Job Title: Job Duties: May We Contact? Yes No	Specialized Training:	
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Reason for Leaving:	Job Title:	Job Du(ies:
2) Name of Employer: Start Date: End Date: Job Title: Job Duties: Name of Supervisor: Phone Number: Reason for Leaving: May We Contact? Yes No 3) Name of Employer: Start Date: End Date: jub Title: Job Duties:	Name of Supervisor:	Phone Number:
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Name of Supervisor: Phone Number: May We Contact? Yes No 3) Name of Employer: Start Date: End Date: jub Title: Jeb Duties: Phone Number: Name of Supervisor: Phone Number:	2) Name of Employer:	Sturt Date: End Date:
Reason for Leaving: May We Contact? Yes No 3) Name of Employer: Start Date: End Date: job Title: Job Duties: Name of Supervisor: Phone Number:	Job Title:	Job Duties:
3) Name of Employer:Start Date:End Date: jub Title: Job Duties: Name of Supervisor: Phone Number:	Name of Supervisor:	Pho ae Numbe r:
Job Title: Job Duties: Name of Supervisor: Plus ne Number:	Reason for Leaving:	May We Contact? Yes No
Name of Supervisor: Phone Number:	3) Name of Employer:	Start Date: End Date:
	Job Title:	J•b Duties:
Reason for Leaving: May We Contact? Yes No	Name of Supervisor:	Plione Number:
	Reason for Leaving:	May We Contact? Yes No



All information given in this application is correct to the best of to falsify information was made. I understand that if any infor- misgiven, denial of acceptance may occur.	
Signature of Applicant:	Date: