

Bruce **OAKLEY** *Inc.*

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
ADDRESS			HOME TELEPHONE
CITY, STATE, ZIP			BUSINESS TELEPHONE
Have you ever applied for employment with us? YES NO If yes: Month/Year Location			SOCIAL SECURITY NUMBER
POSITION DESIRED			PAY EXPECTED
Are you available for full-time work? YES NO If not, what hours can you work?			Will you work overtime if needed? YES NO
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operations, etc.)			

EDUCATION

School	Name and Location of School	Course Study	# of Years Completed	Did You Graduate	Degree or Diploma
Graduate				YES NO	
College				YES NO	
Business/Trade Technical				YES NO	
High School				YES NO	
Elementary				YES NO	

