

Application for Employment

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone#: _____ Email: _____

How did you learn about the position at Laser Specialists Inc? _____

Where you referred by a company employee? (If Yes state full name) _____

Available Start Date: _____ Desired Pay Range (Hourly or Salary): _____

Are you currently employed? _____

Education

College or University

Name of School: _____ Address: _____

Phone: _____ Years completed? _____ Did you graduate? _____

Major/Degree Type: _____

High School

Name of School: _____ Address: _____

Phone: _____ Years completed? _____ Did you graduate? _____

Please list skills and or training that may contribute to your abilities in performing well in the position.
(This includes, but not limited to military training, apprenticeship programs, vocational training, courses or seminars):
