



NJ Technology Student Association

Application for Employment

Application must be typed or printed clearly in blue or black ink. Please complete all questions to the best of your abilities.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Availability:

Position requested: _____ Available to start working: _____

Days/ Hours Available:
(fill in all that apply)

<u>Days</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

References:

Name & Relationship to you	Address & Phone #	Business or Occupation

Education Level:

<i>Name and Address of School</i>	<i>Degree/ Diploma/ Certificate</i>	<i>Graduation Date</i>

Employment History:

Present or Last Position:

Dates of Employment		Name and Address of Employer	Reason for Leaving	Supervisor Name & Title
End Date	Start Date			
Describe in detail what your position included:				
Dates of Employment		Name and Address of Employer	Reason for Leaving	Supervisor Name & Title
End Date	Start Date			
Describe in detail what your position included:				

If you are under the age of 18, do you have an employment / age certificate?

Yes_____ No_____ Over 18_____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____