



PLEASE PRINT

LAST NAME		FIRST NAME		MI
PRESENT ADDRESS (HOUSE NUMBER, STREET, CITY, STATE, ZIP CODE)			TELEPHONE NO.	
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NO.	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? • YES • NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENCE (IF YES, STATE FOR WHAT, WHERE, WHEN) • YES • NO				
NAME OF RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY		RELATIONSHIP		WHAT DEPARTMENT
POSITION APPLIED FOR	TITLE		WHAT SECOND LANGUAGE (IF ANY) DO YOU SPEAK FLUENTLY	
ARE YOU EMPLOYED NOW • YES • NO	DATE AVAILABLE TO START WORK		HOW WERE YOU REFERRED TO US	
DO YOU HAVE A VALID DRIVERS LICENSE • YES • NO	IS AUTOMOBILE AVAILABLE FOR BUSINESS USE • YES • NO			

**EDUCATION HISTORY**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	LIST DEGREE
HIGH OR EQUIVALENT			Ⓞ YES Ⓞ NO	
COLLEGE			Ⓞ YES Ⓞ NO	
OTHER (SPECIFY)			Ⓞ YES Ⓞ NO	
ARE YOU TAKING ANY COURSE OF STUDY NOW (GIVE DETAILS)			DATE TO BE COMPLETED	
COMPUTER SKILLS (LIST PROGRAMS/SOFTWARE YOU HAVE USED)				

**REFERENCES**

BUSINESS AND PERSONAL-INDICATE RELATIONSHIP TO YOU, SUCH AS SUPERVISOR, CO-WORKER, PERSONAL, ETC.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

# AQUARIUM

O F N I A G A R A

## EMPLOYMENT HISTORY

(RESUMES MAY NOT BE SUBSTITUTED)

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT, INCLUDING U.S. ARMED FORCES EXPERIENCE, PERIODS OF TRAVEL, SELF-EMPLOYMENT AND UNEMPLOYMENT. LIST PRESENT OR LAST EMPLOYER FIRST. IF MORE SPACE IS DESIRED, PLEASE USE ADDITIONAL APPLICATION.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED	
		FROM	TO
		/	/
		MO YR	MO YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE
		START	FINSH
POSITION OR TITLE	REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER NOW • AT A LATER DATE • NOT AT ALL •			

  

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED	
		FROM	TO
		/	/
		MO YR	MO YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE
		START	FINSH
POSITION OR TITLE	REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER NOW • AT A LATER DATE • NOT AT ALL •			

  

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED	
		FROM	TO
		/	/
		MO YR	MO YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE
		START	FINSH
POSITION OR TITLE	REASON FOR LEAVING		
MAY WE CONTACT EMPLOYER NOW • AT A LATER DATE • NOT AT ALL •			

**I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.**

SIGNATURE	DATE
-----------	------