R & A Enterprises Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.			DATE _	1		
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	Last	Firsl	Middle		Malden	
Present address			1	<u> </u>		
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under 18, please list	age					
nd salary desired (2) Be specific)	LICENSE		Моп Тие	ailable to work Thur Fri Sat Sun		
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APPLICATION FOR EMPLOYMENT						
MIL	TARY		ŭ.			
HAVE YOU EVER BEEN IN THE ARMED FORCES?						
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	a	No				
(No.		28				
Specialty Date E	ntered	Discharge Date				
Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned,	advancements or pro	motions while you wo	rked at this			
company.						
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N	None of look	Employment dates	Pay or calany			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
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City, State, Zip Code	Caporition	From	Start			
City, State, Zip Code Phone number	Superior	From To	Start Final			
	Your Last Job Title					
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Phone number Reason for leaving (be specific)	Your Last Job Title	То	Final			
Phone number	Your Last Job Title	То	Final			
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned,	Your Last Job Title	То	Final			
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, company.	Your Last Job Title	То	Final			
Phone number Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, company.	Your Last Job Title	То	Final			

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APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes □ No What is your means of transportation to work? Driver's license _____State of issue ____ Departor Commercial (CDL) Chauffeur number Expiration date Have you had any accidents during the past three years? How many? How Many? Have you had any moving violations during the past three years? OFFICE ONLY ☐ Yes Word □ Yes ☐ Yes ☐ No WPM Processing □ No **WPM** 10-key □ No Typing PC Other Personal ☐ Yes Skills Computer □ No Mac Please list two references other than relatives or previous employers. Name _____ Position _____ Company _____ Company _____ Address _____ Address _____ Telephone (_ Telephone () An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.