GeekLife Job Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

			Name	and Ac	ldre	ess					
Name (First, Middle, Last)					Social Security Number						
Mailina Add											
Mailing Addr	ess										
City, State a	nd Zip Code										
Telephone					Alternate Phone Number						
If under 18, please list age					Email						
		Availab	oility - Days	s / Hours	s av	ailable	e to v	work			
I have no Preference	Sunday	Monday	Tuesday	Wedneso	lay	Thursday		Friday	1	Saturday	
I am seeking a: Full-time job				Part-time job				Full or Part-time Job			
How many hours can you work weekly?				Can you work Nights?				Date available to start.			
			Additio	nal Info	rma	ation					
1. I certify that I am a citizen of the United States, permanent resident, or a Yes No foreign national with authorization to work in the United States.								No			
2. Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?								No			
If yes, please		to a felony?									
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Do you have a driver's license, if yes, which state issued it:						Drivers license number:					
			E	ducatio	n						
School	Loc	cation (mailing	address)	Ye	ears		Majo	r	Degre	ee or	
	,				mpleted		•	Diploma			
High School											
University / 0	College / Oth	er		,							
							_				

	Work Experience					
Please list all work experience beginning wi	th your most recent.					
Company	Name of last supervisor	Hrs/wk worked				
Address	Start Date	Final Salary				
City, State, Zip Code	End Date					
Phone number	Your last job title:					
Reason for Leaving:						
List the jobs you held, duties performed this company	d, skills used or learned, advancement	ts or promotions while you worked at				
May we contact this employer? Yes	No					
Company	Name of last supervisor	Hrs/wk worked				
Address	Start Date	Final Salary				
City, State, Zip Code	End Date					
Phone number	Your last job title:					
Reason for Leaving:						
List the jobs you held, duties performed this company	d, skills used or learned, advancement	s or promotions while you worked at				
May we contact this employer? Yes	No					
Company	Name of last supervisor	Hrs/wk worked				
Address	Start Date	Final Salary				
City, State, Zip Code	End Date					
Phone number	Your last job title:	Your last job title:				
Reason for Leaving:						
List the jobs you held, duties performed this company	d, skills used or learned, advancement	ts or promotions while you worked at				
May we contact this employer? Yes	No					