

APPLICATION FOR EMPLOYMENT

Date 4/18

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

Last Name <u>Hunt</u>	First Name <u>Tyler</u>	Middle <u>Fitzgerald</u>
Address <u>2006 Grove Way</u>	City <u>Hampton</u>	State <u>GA</u> Zip <u>30228</u>
Phone <u>404 903 4124</u>	Day Phone (if Different)	Social Security Number
Fax Number	E-Mail Address <u>thunt033@gmail.com</u>	

EMPLOYMENT INFORMATION

Position for which you are applying sales person

Are you employed at the present time? NO If yes, please complete the information below

Employer's Name: /

Employer's Address: _____

1. How long have you been with this employer? _____ Present Salary: _____
2. If offered a position, when can you report for work? 4/19
3. If hired can you show proof of your legal right to work in the U.S.? Yes No
4. Have you ever been dismissed, or asked to resign from any position? Yes No
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. Yes No

If yes to number 4 or 5, please explain: _____

EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects Studied (if applicable)
High School <u>WYE</u>	<u>9-11th grade</u>
College (including dates attended)	

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EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address	Position(s) Held	Dates (Start - End)
NJC Fax Service	Front Desk/Cleaner	

REFERENCES

Name & Address (Include City, State, Zip)	Phone	Relationship
Aminda Frank Ezzard	770-256-0611	Grand Mother

The following section is to be completed by applicant for an OFFICE POSITION:

Can you type? yes

How many words per minute? 25

Computer Skills Macintosh _____ PC _____

Please provide computer and software knowledge below:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature _____

Date _____

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