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## APPLICATION FOR EMPLOYMENT



## **PERSONAL**

			Date		
Name			Social Security Number		
Address			Telephone Number		
Position Appl	ying For		Rate of Pay Expected		
Drivers Licen	se #		Full time Part time		
Specify days/	hours if part time			<del> ·</del> ·	
Were you previously employed by Auto King? If yes, when and where					
Date be avail:	able to work	Are you 18 y	ears or older?		
What special	qualifications do yo	u have?			
List any frien	ds or relatives work	ing for Auto King	·,		
School	Name & Address	Course Study	Date Graduated	Degree/Diploma	
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Name		ormer employers or relatives) Address		Telephone Number	
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