

EAST COAST ENTERTAINMENT

EMPLOYMENT APPLICATION

Last Name	First Name	Middle	Date	
Mailing Address			Home Phone	
City, State, ZIP			Cell Phone	
Have you ever applied for employment with us? YES NO / If yes, when? Month and Year _____ <input type="checkbox"/> <input type="checkbox"/> _____			Social Security #	
Position Desired			Expected Pay \$ _____/Hour \$ _____/Year	
Are you available to work full time? YES NO / If not, what hours can you work? _____ <input type="checkbox"/> <input type="checkbox"/>			Will you work overtime if asked? YES NO <input type="checkbox"/> <input type="checkbox"/>	
Are you legally eligible for employment in the United States?			When are you available to start?	
Special training, certification or skills?				
	Name and Location of School	Course of Study	Years Completed	Degree or Diploma
High School				
College				
Graduate				
Business/Trade/Technical				

Are you a member of any Professional or Civic Organizations?
