

Serrano's

application

FOR EMPLOYMENT

Full Name: _____

Date: _____

Address: _____

Best Contact Phone Number: _____

Email Address: _____

Date of Birth & Current Age: _____

Position Requested: _____

Date You Can Start Work: _____

Schedule Availability: _____

Do You Have Your TAPS Card? Y / N

Do You Have Your MOA Food Handler Card? Y / N

Do You Have Transportation To/From Work? Y / N

Are You Currently Employed? If so, where? _____

Contact: _____

Previous Employer: _____

Contact: _____

Previous Employer: _____

Contact: _____

Level of Education Completed: _____

Where / When: _____

How Did You Hear About Us? _____

Were You Referred By Someone? If so, who? _____