



J & J Shutters Inc

Employee Name First, Middle, Last		Social Security #	
		Are you at least 16 Yrs Old. Yes _____ No _____	
Address		City, State, Zip Code	
		Phone / Cell	
Years Attended		Name of School / College	
		Phone Number	
Please list Hrs available to work Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____			
Position Desired: FULL TIME _____ 35+ HRS PER WK PART TIME _____ Less Than 35 HRS			
Years Known	References Not Related to you Name / Address		Phone Number
Work Experience ( Start with currant employer )*		Name and number of your Supervisor of your last job	
Reason for Leaving		Position / Final Salary*	
Have you ever been convicted of a felony Where			Yes/No
In Case of Emergency Contact Info Name/ Address			Phone Number
Position Applying For. Years of experience special skills			Years of Experience
Yes/No	Are You A US Citizen Place of Birth	Alien number	Expire Date
<b>DO NOT WRITE BELOW THIS LINE</b>			
HIRING PERSONAL: COMPLETE THIS SECTION ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE. Start Date			
Job Title		T (Temp) OR R (REG)	
Date Of Birth		Hourly OR Salaried	
Date of Hire		Hourly Rate	
Next Review Date		Raise	
Signature Of Hiring Individual			Date:
Signature of Manger/ CEO			Date: