

JET WAY - NEW YORK

EMPLOYMENT REQUEST FORM

PLEASE PRINT ALL INFORMATION CLEARLY, SIGN AND DATE AT THE BOTTOM

FULL NAME: _____ S.S. No: _____

STREET: _____ APT. No: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TEL: _____ CELL: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT/ NAME: _____ TEL: _____

Are you a US Citizen: Y () N ()

If no, Alien Card no. _____

Card expiration date: _____

Do you have NYS Guard License: Y () N ()

If yes, unique ID no. _____

License expiration date: _____

Do you have NYS Driver License: Y () N ()

If yes, license no. _____

License expiration date: _____

Do you have HS diploma or GED: Y () N ()

Do you have an automobile: Y () N ()

Are you applying F/T or P/T work: _____

Are you available **any day** of the week: Y () N ()

If no, specify the days available:

Are you available **any time** of the week: Y () N ()

If no, specify the times available:

PLEASE PROVIDE US WITH YOUR **10 YEARS** EMPLOYMENT/SCHOOL HISTORY
START WITH THE MOST RECENT OR PRESENT EMPLOYMENT

DATES FROM - TO	EMPLOYER/SCHOOL NAME	FULL ADDRESS	TELEPHONE NUMBER	CONTACT PERSON
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-				
-				
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-				

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____

SIGNATURE: _____