

CORNFIELDS CHAPTER SUMMER YOUTH EMPLOYMENT APPLICATION

NAME:		SOCIAL SECURITY:	
OTHER NAMES USED (IF APPLICABLE):		CENSUS NUMBER:	
PERMANENT ADDRESS: <i>(Mailing address, city, state, zip)</i>		REGISTERED VOTER YES [] NO []	
CHAPTER:	AGENCY:	GENDER: [] MALE [] FEMALE	
PHONE NUMBER: <i>(where you can be contacted)</i>		DATE OF BIRTH: <i>(month, day, year)</i>	
NAME OF PARENT(S)		MAILING ADDRESS: City/ State/ Zip	
CURRENT SCHOOL:	MAJOR:	GRADE LEVEL:	

WILL YOU ACCEPT A POSITION OUTSIDE YOUR FIELD OF STUDY? [] YES [] NO

WILL YOU ALLOW US TO INQUIRE OF YOUR SCHOOL OR FORMER EMPLOYER? [] YES [] NO

SCHOOL NAME AND LOCATION:	YEARS ATTENDED:	YEAR GRADUATED:	SUBJECT STUDIED:
HIGH SCHOOL:			
HIGH SCHOOL:			
COLLEGE OR UNIVERSITY:			
VOCATIONAL INSTITUTE:			
OTHER TRAINING, JOB EXPERIENCE, HOBBIES OR SPECIAL INTERESETS:			
LANGUAGES YOU SPEAK FLUENTLY?	LANGUAGES YOU WRITE FLUENTLY?	TYPING SPEED:	

PREVIOUS EMPLOYERS, JOB TITLES, LOCATIONS, PHONE NUMBERS:

I hereby authorize the Cornfields Chapter to verify the information given on this application. All person(s) and organization(s) are released from liability for providing legally relevant information in connection with my previous work or school experience and this application.

Print Name

Signature

Date