

# YOUR SERVE TENNIS EMPLOYMENT APPLICATION



APPLICANT INFORMATION		
Last Name	First	Middle
Street Address		
City	State	ZIP
Home Phone	Cell Phone	
E-mail Address		
If under 18, list age	Social Security No	

Start Date Available	Desired Hourly Rate or Salary	
Locations Requested: Buckhead East Cobb Johns Creek Milton North Gwinnett Roswell Sandy Springs South Forsyth West Cobb Woodstock		
Employment desired: Full Time Only (35+ hours) <input type="checkbox"/> Part Time Only (10-35 hours) <input type="checkbox"/> Part or Full Time <input type="checkbox"/>		
How many hours can you work weekly?		Can you work weekends?
Time Available to Work Each Day (list below):		
Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	
Saturday _____	Sunday _____	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		City, State:	
Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City, State:	
Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City, State:	
Years:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**REFERENCES***Please list three professional or personal references.*

Full Name	Relationship
Company	Phone (     )
Address	

Full Name	Relationship
Company	Phone (     )
Address	

Full Name	Relationship
Company	Phone (     )
Address	

**TRANSPORTATION**

What is your means of transportation to work?

Driver's License Number (If Applicable)	State of Issue	Expiration Date
Have you had any accidents during the past three year?	How many?	
Have you had any moving violations during the past three years?	How many?	

**ADDITIONAL INFORMATION ABOUT YOU***Use this space to summarize any additional information necessary to describe your full qualifications for the position.*

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**MILITARY SERVICE**

Branch	From                      To
Rank at Discharge	Type of Discharge

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Comments:			

**DISCLAIMER AND SIGNATURE**

May we contact your present employer? YES  NO

Did you complete this application yourself? YES  NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date