



"Relax we've got IT covered"

Upon completion, please send to careers@emapple.net.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____
Full-Time Part-Time Summertime Internship Contract

Are you authorized to work in the U.S.? YES NO

Are you employed now? YES NO If so, may we inquire of your present employer? YES NO

Have you ever applied to this company before? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO If yes, explain:

Education

High School: _____ Address: _____

Did you graduate? YES NO Degree :

College: _____ Address: _____

Did you graduate? YES NO Degree :

Other: _____ Address: _____

Did you graduate? YES NO Degree :

General

Special Skills: _____

IT Certifications: _____

Operating Systems: _____

Software Proficiencies: _____

Activities (Civic, Athletic, Etc.): _____
EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US Military or Naval Service: _____

In case of emergency, notify: _____
Name Address Phone #



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References

Please list three professional references that we may contact.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Email: _____

Previous Employment

(List your last three employers below, starting with the last one first.)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ Reason for leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ Reason for leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____ Reason for leaving: _____

Responsibilities: _____

From: _____ To: _____ May we contact your previous supervisor for a reference? YES NO



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Availability

Please give us an idea of your availability for work. Our day shift times are approximately 8:00 AM until 5:00 PM. Our evening shift times are approximately 5:00 PM until 9:00 PM. These times vary by department. This will not necessarily be your schedule, but will help us to understand your availability.

Day of Week	Day Shift		Night Shift	
	YES	NO	YES	NO
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have your own transportation? YES NO

Are you able to work double shifts if necessary? YES NO

How many hours per week will you be able to work?

Are there any days when you will absolutely not be available for work?

Disclaimer and Signature

I certify that all the information submitted by me on this application is true and complete, and I understand that If any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause. And with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: _____

Date: _____

(if submitting via email, signature will be obtained during interview)

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