



# Corona Inline Job Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Birth Date:			
Mailing Address							
City, State and Zip Code							
Telephone				Alternate Phone			
Email							
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time job	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Have you ever been employed by this organization in the past?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please explain?							
Education							
School	Location (mailing address)			Years Completed	Major	Degree or Diploma	
High School							
College or Business/Trade School							

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary/Rate
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?  Yes  No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary/Rate
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?  Yes  No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary/Rate
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?  Yes  No

## References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.
2.
3.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature	Date
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