

1466 EAST SIDE HIGHWAY P.O. BOX 1448 WAYNESBORO, VA 22980 PHONE: (540)943-4011 FAX: (540)942-5855 E-MAIL: <u>info@nctoolva.com</u>

EMPLOYMENT APPLICATION

NAME:	DATE:
SSN:	DOB:
ADDRESS:	
TELEPHONE:	
EDUCATION: (SCHOOL NAME, LOCATION, DEGREE	OR CERTIFICATION IF APPLICABLE AND DATE COMPLETED)
EMPLOYMENT: (LAST THREE EMPLOYERS WITH LOCA	ATION, JOB TITLE, DUTIES, HIRE DATE, REASON FOR LEAVING AND DATE LAST WORKED)
CURRENT WAGE:	
REFERENCES: (THREE REFERENCES WITH NAME, A	ADDRESS, PHONE AND YEARS KNOWN)
WOULD YOU BE WILLING TO WORK O	VERTIME? WEEKENDS? SHIFT?