

Selex LLC

Application for Employment



First Name:		Last:		M.I.
Address:			APT. #	
CITY:			State:	ZIP:
Home Tel. #		SS #: Birthdate:		
Cell Tel. #				
Emergency Contact #				
Position(s) Applying for:				
Desired Hours: (check all that apply)		Date Available to Start:		Pay Rate:
<input type="checkbox"/> Full Time	<input type="checkbox"/> 1 st Shift			
<input type="checkbox"/> Part Time	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> Specific Hours: _____		
<input type="checkbox"/> Weekends	<input type="checkbox"/> 3 rd Shift	<input type="checkbox"/> Flexible Work Schedule		
List any specific skills you have that qualify you for the position:				
Education	Name/Address	MAJOR/SUBJECTS	No. of Years	DIPLOMA Earned
High School				
College				
Other/Trade				