

This for is not a contract for employment. All employees are hired as employees at-will for an indefinite term.

Application for Employment with ANGELS 2 YOU, LLC.

Last Name		
Social Security Number	First Name & Middle Initial	
Mailing Address		
City	State	Zip Code
Home Telephone	Work or Message Telephone	E-mail address

Position for which you are applying: _____

ANGELS 2 YOU, LLC does not accept general applications so all application must be for specific position.

Are you at least (18) years of age? Yes No Are you employed now? Yes No

Do you wish to work: full-time (at least 39 hours per work week) part-time (less than 39 hours per work week)

If part-time please specify the days and hours of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please check all that apply for the time that you are available to work:

Weekdays Weekends Weekday evenings Weekend evenings Nights Holidays Rotating Shift

Please state your minimum hourly wage requirements _____

Date you will be available to start work: ___/___/20___

Please list your skills: _____

Please list your educational background:

	Name/City/State	Degree or Certificate	Graduated:	
			Yes	No
High School				
College/University				
Trade/Vocational				
Other				

Please list your professional license(s) and/or certificate's):

Type	Org. or State Issuing	Date Issued	Number