Applicant Name Information
Last Name: Sisler First Name: Aaron
Applicant Address Information
Street Address: 742 Evergreen Terrace
City: Springfield State: IL Postal Code: 27540
Applicant Contact Information
Cell Phone: (910) 603-0899 Home Phone: (910) 245-8445
Email:_aaron.sisler@gmail.com
Emergency Contact Information
Name: Bridget Sisler
Phone: (919) 820-2553
Applicant Medical Information
List any medical conditions you may have that could interfere with your work performance or required duties.
None
Please list any medications you are currently taking and the prescribing physician.
Zoloft
How often do you smoke?: Socially
How often do you drink alcohol?: Weekly
Applicant Residency Information
Have you been a North Carolina resident for the last 5 years?: Yes
Have you lived outside of North Carolina anytime in the last 5 years?: Yes
If yes to the previous question, please explain.
I was in SC for a month.
Applicant Crime Information
Have you ever been convicted of a crime other than a minor traffic violation? This will be discovered upon background check so please be truthful.
<u>Yes</u>
If yes to the previous question, please explain.
I was in a fight back in the day.

Driver's License Number: 1234567	Driver's License State of Issue: NC
ls your driver's license valid?: <u>No</u>	
If no, please explain: It has lapsed	
Applicant Availability Information	
Days: <u>Yes</u>	
Evenings: <u>Yes</u>	
Nights: No	
Weekends: <u>Yes</u>	
Full-time: <u>Yes</u> Part-time: <u>No</u>	
If employed at WBEC, would you also be emplo	oyed elsewhere?: <u>Yes</u>
If yes, where and what hours?: Taco Bell	

Applicant Transportation Information