

Employment Application

Form 1020 — Pre-Hire

ShiftNPay / Mastercare

Personal Information

Full Name				Date				
Address								
City			State			Zip		
Email				Phone				

Position Information

Position Applied For				Location Preference			
Salary Desired				Hours/Week			
Available Start Date							

Schedule Preference

No Preference	Full Time	Part Time	Either
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	
Nights Yes	Nights No		

Eligibility

Work in US: Yes	No
Test: Yes	No
Accommodation: Yes	No
Accommodations Needed	

Education — High School

School Name	Location	Years	Degree

Education — College

School	Location	Years	Degree
School 2	Location	Years	Degree

Education — Other

School	Location	Years	Degree

Employment History — Employer 1

Employer	From	To
Address	Phone	
Supervisor	Job Title	

Reason for Leaving

Job Duties

Contact: Yes

No

Employment History — Employer 2

Employer	From	To
Address	Phone	
Supervisor	Job Title	

Reason for Leaving

Job Duties

Contact: Yes

No

Employment History — Employer 3

Employer	From	To
Address		Phone
Supervisor	Job Title	

Reason for Leaving

Job Duties

Contact: Yes

No

Professional References

Name	Company	Phone	Years Known
Name	Company	Phone	Years Known
Name	Company	Phone	Years Known

Special Skills

1

2

3

4

5

6

Additional Information

Signatures

Applicant Signature

[Sign here]

Date

Date

Witness Signature

[Sign here]