

# 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
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## Education — College

School	Location	Years	Degree
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School 2	Location	Years	Degree
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## Education — Other

School	Location	Years	Degree
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## Employment History — Employer 1

Employer	From	To
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Address	Phone
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Supervisor	Job Title
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Reason for Leaving

Job Duties

Contact: Yes

No

## Employment History — Employer 2

Employer	From	To
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Address	Phone
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Supervisor	Job Title
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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 ]