Create a structure as describe below in MS Word.

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE						
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS						
PLEASE COMPLETE PAGES 1-5.			- 1	Date:		
Name:						
Last	First Middl		le	Maiden		
Present Address:						
Number	Street	City	5	State Z	ip	
How Long:	So		Social So	cial Security No.:		
Telephone:						
If under 18, please list age:						
Position Applied For:			Days	Days/Hours Available to Work:		
Salary Desired:			No P	No Pref Thur Mon Fri		
				Tue Sat		
			Wed	Sun	_	
How many hours can you work weekly? Can you work nights?						
Employment Desired:						
When available for work?						
EDUCATION & OTHER INFORMATION						
TYPE OF SCHOOL	NAME OF	LOCATION		NO. OF	MAJOR &	
TTPE OF SCHOOL	SCHOOL	(Complete mailing addre		YEARS COMPLETED	DEGREE	
High School						
College						
Bus. or Trade School						
Professional School						