Storm Crab

Applications are considered without regard to race, color, religion, sex, national origin, age, marital and veteran states or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION:

Date:_____ Start Date:_____

( )Full Time ( )Part Time ( )Temporary ( ) H.S Student

Full Name:_____ Position:_____

Street Address:_____

City/State/Zip:_____ D.O.B:_____
.

Phone#:_____ Email:_____

Are you legally eligible to work in the U.S [ ] YES [ ] NO
Have you worked for Lin's before? ( )Yes ( )No
If so, Starting Date:_____ Ending Date:_____
Reason for leaving:_____

Any Family members employed by Lin's? ( )Yes ( )No
If so, state name and relationship:_____
_____

Have you ever been convicted of any Felony or Misdemeanor? ( )Yes ( )No
If yes please explain,_____
_____

Days you can Work:_____

_____

_____

EMPLOYMENT WORK EXPERIENCE: (Specific name and Number)

_____

_____

_____

_____

Signature:_____

By signing this Application you are stating that the above information is correct and true. Any false statement will result immediate termination.