

C & C WINGS, Inc.
APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Address: _____

Mobile #: _____ Home#: _____

Position you are applying for: _____

Interested in full or part-time? _____ Are you presently working? _____

What days & hours are you available to work? _____

Do you have a social security number and valid driver's license? _____

Last 4 digits of Social Security Number _____

EMPLOYMENT HISTORY:

Company: _____

Address: _____

Telephone#: _____

Supervisor: _____

How Long? From: _____ To: _____

Duties: _____

Why did you leave? _____

May we contact them? _____

Company: _____

Address: _____

Telephone#: _____

Supervisor: _____

How Long? From: _____ To: _____

Duties: _____

Why did you leave? _____

May we contact them? _____

Company: _____

Address: _____

Telephone#: _____

Supervisor: _____

How Long? From: _____ To: _____

Duties: _____

Why did you leave? _____

May we contact them? _____