

# Egg Roll Chen Job Application

*PLEASE NOTE: Complete all parts of the application, including front and back. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Name and Address				
First Name	Middle Name	Last Name	Social Security Number	Date of Birth (mm/dd/yy)
Address			City, State, and Zip Code	
Telephone (    )			Alternate Phone (    )	
If under 18, please list age		Email		

Job Type							
<b>Days/Hours Available to Work (General time: 11AM – 3PM or 5:30 PM – 9:30 PM)</b>							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
<input type="checkbox"/> Part-time job	<input type="checkbox"/> Full-time job	<input type="checkbox"/> Full- or Part-time	Date available to begin				

Education				
School	Location (mailing address)	From (mm/yy)	To (mm/yy)	Degree or Diploma

Work Experience			
<b><i>Please list your work experience beginning with your Most Recent job held. Attach additional sheets if necessary.</i></b>			
Employer's Name	Phone Number	Start Date	End Date
Address	Your Last Job Title	Hrs/Week	Salary
Employer's Name	Phone Number	Start Date	End Date
Address	Your Last Job Title	Hrs/Week	Salary
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.			
Signature			Date

After you completed this form, please **hand it to** Sheila Chen **by yourself in person**. Thank you!  
Sheila Chen 715 Crowson Road Columbia, SC 29205