



Legacy Wishes, LLC
PO Box 342, Woodland, NC 27897
252-209-4343
legacywishes@yahoo.com

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date:
Street Address				Apt/Unit #	
City		County		Zip	
Phone		Email			
Date Available		Social Security No.		Date of Birth	
Position Applied For				Desired Pay	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			Drivers License YES <input type="checkbox"/> NO <input type="checkbox"/> #		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>			If so, when?		
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, explain		

EDUCATION

High School:			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College:			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES (Please List Three Professional References)

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			



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PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other then honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date