

Application

Minimax Inc

DEMOGRAPHICS			
Last Name:		First Name:	
M.I.:		Date of Birth:	
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone:	Email:		
Date Available:	Social Security #:	Desired Salary:	
Position Applied for:			
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____			
EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
EMPLOYMENT HISTORY			
Company:		From:	To:
Address:		Phone #:	
Supervisor:		May we Contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			
Company:		From:	To:
Address:		Phone #:	
Supervisor:		May we Contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			
Company:		From:	To:
Address:		Phone #:	
Supervisor:		May we Contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			