



Marchese Inc.

WHOLESALE PRODUCE • 414-289-0995 • 800-538-8838 • FAX 414-289-0833

WHEN COMPLETE PLEASE FAX TO : (414)289-0833

TODAY'S DATE : _____

EMPLOYMENT APPLICATION

NAME : _____ DATE OF BIRTH : _____

ADDRESS : _____

PHONE NUMBER : (____) _____ (CITY) _____ (STATE) _____ (ZIP) _____
DRIVING RECORD : excellent ___ fair ___ poor ___

DRIVERS LICENSE NUMBER : _____ EXP. DATE : _____

VIOLATIONS : _____

TYPE OF WORK LOOKING FOR : _____ WAGE : _____

PLEASE LIST LAST THREE PLACES OF EMPLOYMENT

	COMPANY NAME	PHONE NUMBER	WAGE	REASON FOR LEAVING
1.	_____*	_____*	_____*	_____
2.	_____*	_____*	_____*	_____
3.	_____*	_____*	_____*	_____

SOCIAL SECURITY NUMBER : _____

IN CASE OF AN EMERGENCY - PLEASE CONTACT - NAME : _____

TELEPHONE NUMBER : _____

RELATIONSHIP : _____

ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

ANY FALSE INFORMATION MAY RESULT IN TERMINATION.

signature : _____ date : _____