

Carrier Employment Application

Date: _____

Social Security Number: ____/____/____

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Present Employment: _____

Employers Address: _____

City: _____ State: _____ Zip Code: _____

May we contact them? Yes No

Hours and Days you work: _____

Are you currently Delivering Papers Yes No

Previous Newspaper Experience Yes No

If yes please list below

1. _____ When: _____

2. _____ When: _____

3. _____ When: _____

Would you have help delivering Papers Yes No

If Yes Who: _____

Do you have any Physical Limitations? Yes No

If yes please explain: _____

Type of Vehicle: Make: _____ Model: _____

I do, guaranteed that all the above statements are true and I understand that any false statements or information will be grounds for Dismissal

Signature: _____ Date: _____