

IRA G. STEFFY & SON, INC.

Employee Application Cover Sheet

NUMBER -- _____

VALID FOR-- 30 DAYS

Date : _____ Social Security Number : _____ -- _____ -- _____

Name : _____

Address : _____

City : _____ County : _____

State : _____ Zip Code : _____

Phone : (_____) _____

Valid drivers License Number : _____ Insurance : _____

Position applying for : _____

OFFICE : _____ SHOP : _____ FIRST Shift : _____

FIELD : _____ SECOND Shift : _____

WILL YOU CLIMB / HEIGHTS ? : _____ YES _____ NO

Best Time or Day to call you : _____

Best Time or Day for you to come for an interview : _____

List Three References and Phone Numbers (Not Family Members Please) :

1. _____ Phone Number _____

2. _____ Phone Number _____

3. _____ Phone Number _____

OFFICE USE ONLY:

Date Interviewed: _____

Notes :