

The Bicycle Link

Application for Employment

Date _____

Name _____ Social Security # _____

Date of birth _____

Address _____

E-mail address _____

Phone – Day _____ Eve _____ Cell _____

Education: High School _____

College _____

Trade/Specialty/Other _____

	Current Employer	Previous Employer	Previous Employer
Name	_____	_____	_____
Contact	_____	_____	_____
Address	_____	_____	_____
City	_____	_____	_____
Phone #	_____	_____	_____

Bicycle Shop Experience _____

Cycling Experience (USCF, NORBA) _____

Position applied for _____

Expected Wage _____ Quantity Hours Desired _____

Special Skills _____

Two References (include phone #'s) _____

Nearest Relative (contact in case of emergency) _____