

JC Collection Work Admission Form

Name: _____

Date: _____

Motivation:

1. _____
2. _____
3. _____

Expected Duties:

- _____
- _____
- _____
- _____
- _____

Personal Information:

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Education and Experience:

- Education Level: _____
- Name of Educational Institution: _____
- Year of Graduation: _____
- Work Experience: _____

Availability:

- Desired number of work hours per week: _____
- Availability during the week: _____
- Availability on weekends: _____

References:

- Name: _____
- Relationship to You: _____
- Phone Number: _____

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I hereby declare that all information provided in this form is true and complete. I understand that any false statements may result in disqualification of this application or termination of my employment, if applicable.

Signature: _____

Date: _____

Thank you for completing this form. We will carefully review your application and contact you if we require further information or wish to invite you for an interview.

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