



APPLICATION FOR EMPLOYMENT

ALL APPLICANTS ARE SUBJECT TO TESTING FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE: _____

NAME: _____
(Last) (First) (MI) (Maiden)

ADDRESS: _____
(Number) (Street) (City) (State) (Zip)

TELEPHONE NUMBER: (____) _____ ALTERNATE NUMBER: (____) _____

HOW LONG AT CURRENT ADDRESS? _____ MONTHS _____ YEARS

IF UNDER 18, PLEASE LIST AGE: _____

POSITION(S) APPLIED FOR: (1) _____ DESIRED SALARY: \$ _____
(2) _____

DAYS/HOURS AVAILABLE TO WORK:
MONDAY _____ FRIDAY _____
TUESDAY _____ SATURDAY _____
WEDNESDAY _____ SUNDAY _____
THURSDAY _____ NO PREFERENCE _____

HOW MANY HOURS PER WEEK CAN YOU WORK? _____

ARE YOU AVAILABLE TO WORK NIGHTS? YES NO

DATE YOU ARE AVAILABLE TO START? ___/___/___

TYPE OF EMPLOYMENT DESIRED? FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), DATE(S) OF OFFENSE(S), SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION.

DO YOU HAVE A DRIVER'S LICENSE? YES NO

License Type
Operator
Commercial (CDL)
Chauffeur

WHAT IS YOUR MEANS OF TRANSPORTATION TO/FROM WORK? _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____ EXPIRATION DATE _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO HOW MANY? _____

APPLICATION FOR EMPLOYMENT

EDUCATION/EXPERIENCE

SCHOOL TYPE	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	DATES ATTENDED	TYPE OF DEGREE/CERTIFICATE RECEIVED & DATE
High School				
College				
Business/Trade School				
Professional School				

COMPLETE FOR SECRETARIAL/CLERICAL POSITIONS ONLY

TYPING _____ WPM WORD PROCESSING SOFTWARE TYPE _____

10-KEY _____ KSPH PERSONAL COMPUTER TYPE _____

MICROSOFT OFFICE SUITE

LIST ANY OTHER SKILLS/SOFTWARE _____

PLEASE LIST TWO REFERENCES, OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

<u>REFERENCE #1</u>	<u>REFERENCE #2</u>
NAME _____	NAME _____
TITLE _____	TITLE _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE (____) _____	TELEPHONE (____) _____

Please list/summarize any additional information necessary to describe your qualifications for the applicable position(s).

APPLICATION FOR EMPLOYMENT

MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD? YES NO

BRANCH/SPECIALTY _____ DATE ENLISTED ____/____/____ DATE DISCHARGED ____/____/____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

<u>Name of Employer:</u>	<u>Name of last supervisor</u>	<u>Employment Dates</u>	<u>Salary</u>
<u>Address:</u>		<u>From:</u>	<u>Start:</u>
		<u>To:</u>	<u>Final:</u>
<u>City, State, Zip Code:</u>	<u>List job title(s) held & dates:</u>		<u>Reason for leaving (be specific):</u>
<u>Phone Number:</u>			
<u>List duties performed, skills used/learned, advancements/promotions while employed with this company:</u>			

<u>Name of Employer:</u>	<u>Name of last supervisor</u>	<u>Employment Dates</u>	<u>Salary</u>
<u>Address:</u>		<u>From:</u>	<u>Start:</u>
		<u>To:</u>	<u>Final:</u>
<u>City, State, Zip Code:</u>	<u>List job title(s) held & dates:</u>		<u>Reason for leaving (be specific):</u>
<u>Phone Number:</u>			
<u>List duties performed, skills used/learned, advancements/promotions while employed with this company:</u>			

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE (continued)

<u>Name of Employer:</u> <u>Address:</u> <u>City, State, Zip Code:</u> <u>Phone Number:</u>	Name of last supervisor	Employment Dates	Salary
		From:	Start:
		To:	Final:
	List job title(s) held & dates:		Reason for leaving (be specific):
List duties performed, skills used/learned, advancements/promotions while employed with this company:			

<u>Name of Employer:</u> <u>Address:</u> <u>City, State, Zip Code:</u> <u>Phone Number:</u>	Name of last supervisor	Employment Dates	Salary
		From:	Start:
		To:	Final:
	List job title(s) held & dates:		Reason for leaving (be specific):
List duties performed, skills used/learned, advancements/promotions while employed with this company:			

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO

IF NOT, WHO COMPLETED THIS APPLICATION WITH/FOR YOU? _____

I ATTEST THAT ALL INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR INACCURATE INFORMATION WILL DISQUALIFY ME FROM FURTHER EMPLOYMENT CONSIDERATION.

Applicant's Printed Name

Applicant's Signature

Family and Workforce Centers of America (FWCA) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sexual orientation, gender, national origin, age, veteran status, disability, or any other protected class in accordance with applicable laws.