

**Personal Information****Date of Application:** _____

Name: _____

Social Security: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone(s): _____/_____

Are you employed at this time? ☐ Yes ☐ No Can we contact this employer? ☐ Yes ☐ No

Position for which you are applying: _____ Date You Can Start: _____

1) If hired, can you show proof of your legal right to work in the U.S.? ☐ Yes ☐ No2) Have you ever been dismissed or asked to resign from a job? ☐ Yes ☐ No3) Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, to number 2 or 3, please explain: _____

Education

High School Name	Address	Diploma or GED	Year Graduated
College Name	Address	Degree	
Technical/Trade School Name	Address	Area of Study	
Other School	Address	Area of Study	

Specific Training(s)

Current Certifications☐ None

- _____ Expires _____
- _____ Expires _____
- _____ Expires _____
- _____ Expires _____
- _____ Expires _____
- _____ Expires _____

Employment

Name	Address	Reason for Leaving
Supervisor	Phone	
		Rate of Pay

Name	Address	Reason for Leaving
Supervisor	Phone	
		Rate of Pay

Name	Address	Reason for Leaving
Supervisor	Phone	
		Rate of Pay

Name	Address	Reason for Leaving
Supervisor	Phone	
		Rate of Pay

REFERENCES (Non-family only)

Name	Phone	Relationship

Please provide a statement that describes why you are applying for this position and what you think you would bring to this agency.

“I certify that the information contained on this application is true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will be grounds for dismissal. I authorize the investigation of all statements on this application and the employers and references listed above to provide any and all information concerning my previous employment and pertinent information they have, personal or otherwise, and release the company from all liability for any damage that results from the use of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____

Date: _____

For Employer Use Only

On a scale of 1-10, with 1 being Extremely Low and 10 being Extremely High, how do you rate this applicant?

On Time for Interview _____ Articulate _____ Friendly _____ Energetic _____

Professionalism _____ Knowledgeable About Job _____ Communication Skills _____

Others here???????

Interviewed By: _____

Date: _____