**PERSONAL**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_ SS#\_\_\_-\_\_-\_\_\_\_ Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # (\_ \_ \_) \_ \_ \_ -\_ \_ \_ \_ Cell # (\_ \_ \_) \_ \_ \_ -\_ \_ \_ \_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address, if different from present address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If hired can you provide proof that you are legally able to work in the United States? Yes No

How were you referred to us? Advertisement / Employee / Employment Agency / Walk-in / Other

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. *Note: An affirmative answer will not necessarily result in disqualification for employment:* Yes No

List any relatives or friends employed by the Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available for overtime? Yes No Are you over 18 years of age? Yes No

If under 18, can you provide a work permit? Yes No

When are you available to begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes No

*(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)*

**SKILLS**

Many of our [customers/clients/patients] may not speak English. Do you speak, write or understand any foreign language? Yes No

If yes, which language(s) and with what proficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to operate a personal computer? Yes No

Types of software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other office machines you can operate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of  School | Name & Location  Of School | # of years to  completed | Graduated  Yes No | Degree(s) or  Diploma(s) | Major Field(s)  Study |
| High School or  Trade School |  |  |  |  |  |
| Business or Tech.  School |  |  |  |  |  |
| Jr. College and/or  University |  |  |  |  |  |
| Other Training  (Explain) |  |  |  |  |  |

**EMPLOYMENT HISTORY**

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying. (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc...) Attach an additional sheet if extra space is needed.

*Answer all of the following questions if you are applying for a professional, licensed or certified position*

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your license/certification ever been revoked or suspended? Yes No**

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSITIONS HELD**

|  |  |  |
| --- | --- | --- |
| Company Name: | Dates Employed:  From:\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_ | Starting Salary: \_\_\_\_\_\_\_\_\_\_\_  Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: | Job Title: | Hours Worked  From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip code  \_\_\_\_\_\_\_\_\_\_, \_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_ | Specific Job Duties:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_ | Is this your current employer?  Yes No | Reason for Leaving:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| May we contact this employer?  Yes No | What is the most important skill demonstrated on the job?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**POSITIONS HELD (cont.)**

|  |  |  |
| --- | --- | --- |
| Company Name: | Dates Employed:  From:\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_ | Starting Salary: \_\_\_\_\_\_\_\_\_\_\_  Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: | Job Title: | Hours Worked  From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip code  \_\_\_\_\_\_\_\_\_\_, \_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_ | Specific Job Duties:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_ | Is this your current employer?  Yes No | Reason for Leaving:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| May we contact this employer?  Yes No | What is the most important skill demonstrated on the job?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| Company Name: | Dates Employed:  From:\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_ | Starting Salary: \_\_\_\_\_\_\_\_\_\_\_  Ending Salary: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address: | Job Title: | Hours Worked  From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip code  \_\_\_\_\_\_\_\_\_\_, \_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_ | Specific Job Duties:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_ | Is this your current employer?  Yes No | Reason for Leaving:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| May we contact this employer?  Yes No | What is the most important skill demonstrated on the job?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**PERIODS OF UNEMPLOYMENT**

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

|  |  |
| --- | --- |
| Dates unemployed  From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for unemployment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dates unemployed  From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for unemployment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dates unemployed  From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for unemployment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military?

Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL REFERENCES**

Please list at least two (2) persons NOT related to you who have known you for at least five (5)

Years:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (\_ \_ \_) \_ \_ \_ - \_ \_ \_ \_