

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Type or print answers to ALL questions

							DATE										
<b>SOCIAL SECURITY NUMBER</b>				<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
NAME (Last)				(First)				(M)		SUFFIX (JR.)							
ADDRESS (Number and Street)																	
CITY							STATE		ZIP CODE (Last 4 digits are optional)								
AREA CODE			HOME PHONE NUMBER			DAYS/HOURS AVAILABLE TO WORK											
POSITION APPLIED FOR																	
DESIRED HOURLY RATE OF PAY			Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are 17 years old or younger, enter your age										
What kind of position are you applying for?			<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Either	HOW MANY HOURS CAN YOU WORK PER WEEK?											
EDUCATION: Have you graduated from High School or received a High School equivalency diploma?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, circle highest grade completed:											
						1	2	3	4	5	6	7	8	9	10	11	12
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?									
			FROM	TO													
HIGH SCHOOL																	
TECHNICAL OR BUSINESS																	
COLLEGE OR UNIVERSITY																	
HAVE YOU EVER BEEN CONVICTED OF A CRIME?				<input type="checkbox"/> Yes	<input type="checkbox"/> No												
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.																	
List additional skills, knowledge and abilities you possess:																	

**INSTRUCTIONS**

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per	Hours Per Week (Full-time)   (Part-time)
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per	Hours Per Week (Full-time)   (Part-time)
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per	Hours Per Week (Full-time)   (Part-time)
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Type or print answers to ALL questions

										DATE 12/30/02										
<b>SOCIAL SECURITY NUMBER</b>										1	2	3	-	4	5	-	6	7	8	9
NAME (Last) Application					(First) Job					(MI) L.	SUFFIX (JR.) -									
ADDRESS (Number and Street) 125 Main Street																				
CITY Anywhere								STATE CT		ZIP CODE (Last 4 digits are optional) 01111										
AREA CODE 987			HOME PHONE NUMBER 654-3210			DAYS/HOURS AVAILABLE TO WORK Monday – Friday 3:30 pm – 8:00 pm Saturday, Sunday 8am – 10 pm														
POSITION APPLIED FOR Sales Clerk																				
DESIRED HOURLY RATE OF PAY Minimum wage				Drivers License		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		If you are 17 years old or younger, enter your age 16										
What kind of position are you applying for?				<input type="checkbox"/> Full time		<input checked="" type="checkbox"/> Part time		<input type="checkbox"/> Either		HOW MANY HOURS CAN YOU WORK PER WEEK?										
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span>																				
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?												
			FROM	TO																
HIGH SCHOOL	Anywhere High School	5 School Street Anywhere, CT 01111	2000	Present	--	--	General Studies	still enrolled												
TECHNICAL OR BUSINESS																				
COLLEGE OR UNIVERSITY																				
HAVE YOU EVER BEEN CONVICTED OF A CRIME?				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No														
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.  N/A																				

**INSTRUCTIONS**

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job) <b>Newspaper Deliverer</b>		Company Name <b>The Anywhere Press</b>			Type of Business <b>Private Sector</b>	
Title of Immediate Supervisor <b>Sam Circular</b>		Dept. Where Assigned <b>Circulation</b>		Business Address/Phone No. <b>1 Print Street, Anywhere CT, 987 – 654 - 1229</b>		
Employed From: (Mo.) (Yr.) <b>6 2000</b>	To: (Mo.) (Yr.) <b>Present</b>	Total (Yrs. Mos.) <b>2 yrs. 6 mos.</b>	Salary or Wage <b>\$ 7.00 Per hour</b>		Hours Per Week (Full-time)   (Part-time) <b>10</b>	
No. and Titles of Employees Supervised by You <b>0</b>			Reason for Leaving <b>Still employed</b>			
DUTIES (must be listed) <b>Sort and bundle newspapers for delivery. Hand deliver to 30 customers.</b>						
Official Job title (Start with most recent job) <b>Stock Clerk</b>		Company Name <b>Anywhere Department Store</b>			Type of Business <b>Retail Store</b>	
Title of Immediate Supervisor <b>Mr. Banks</b>		Dept. Where Assigned <b>Automotive</b>		Business Address/Phone No. <b>14 Main Street, Anywhere, CT 06111 987-654-1546</b>		
Employed From: (Mo.) (Yr.) <b>7 01</b>	To: (Mo.) (Yr.) <b>12 01</b>	Total (Yrs. Mos.) <b>5 months</b>	Salary or Wage <b>\$ 6.40 Per hour</b>		Hours Per Week (Full-time)   (Part-time) <b>10</b>	
No. and Titles of Employees Supervised by You <b>0</b>			Reason for Leaving <b>Store Closed</b>			
DUTIES (must be listed) <b>Took inventory of items that needed to be re-ordered. Communicated with manager. Priced and stocked shelves with new items. Helped customers retrieve and carry items.</b>						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full-time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: Job L. Application

DATE: 12/30/02