

ACTIVITY 2

Sample Job Application

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or presence of a non-essential job-related medical condition or disability.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on the application are grounds for terminating the application process or, if discovered after employment, terminating employment. Additional testing of job-related skills and for the presence of alcohol and/or drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review.

Personal Data

Today's Date: _____

Name: _____
Last First M.I.

Social Security Number: _____

Home Telephone: _____ Work Number: _____

E-mail Address: _____

Current Address _____
Street City State Zip

Contact in Case of Emergency

Name: _____

Address: _____

Telephone No. _____

Availability

For which position are you applying? _____

Referred by whom? _____

On what date can you start work? _____

Which category of work are you seeking?

☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Minimum Salary Required: _____ Week _____ Year

Education

Please circle the highest grade completed:

7 8 9 10 11 12 13 14 15 16 16+

| Name and Location | Day/ Evening | Major/ Minor | Graduate? | Degree Type (e.g., B.A., B.S., M.B.A.) |
|--------------------------------|-------------------------|-------------------------|------------------|---|
| Middle School | | | | |
| High School | | | | |
| College | | | | |
| Graduate School/Other | | | | |
| Additional Education: _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Security

Have you been convicted of a felony?___ If so, please describe below.

| Incident | City/State | Charge |
|----------|------------|--------|
| 1. | | |
| 2. | | |

Job-Related Skills

1. List languages in which you are fluent:_____
2. Please list any skills you have, machines that you can operate, licenses or certificates that are job-related.

Skills:_____

Equipment and machines that you can operate:_____

3. List any special skills, knowledge, and abilities that you have that would further qualify for the job.

Employment History

Previous Employer:_____

Past Immediate Supervisor:_____

Job Title:_____

Salary:_____ Reason for Leaving:_____

References

| Name | Address/Telephone | Years Known/ Relationship |
|------|-------------------|------------------------------|
| | | |
| | | |
| | | |

Certification

I certify that I have read and accurately completed all items on the application.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|