

Filling Out a Job Application Form

Learning Objective: To gain experience in completing a job application.

Complete the following form using **black ink** and **print** clearly. Place in your career/employment portfolio.

APPLICATION FOR EMPLOYMENT				
PERSONAL INFORMATION				
Date _____	Social Security Number _____	Date of Birth _____		
Name _____				
Last	First	Middle		
Present Address _____				
Street	City	State	Zip	
Permanent Address _____				
Street	City	State	Zip	
Telephone Number _____				
If related to anyone in our employ, state name and department _____			Referred by _____	
EMPLOYMENT DESIRED				
Position _____	Date you can start _____	Salary desired _____		
If so, may we inquire of your present employer? _____				
Are you employed now? _____				
Have you ever applied to this company before? _____		Where? _____	When? _____	
EDUCATION				
	Name and Location of School	Years Completed	Subjects Studied	
Elementary School _____				
High School _____				
Trade, Business or Correspondence School _____				
What foreign languages do you speak fluently? _____		Read fluently? _____	Write fluently? _____	
FORMER EMPLOYERS: List your last three employers starting with last one first.				
Date	Name and Address of Employer	Salary	Position	Reason for leaving
Month and Year				
From _____				
To _____				
From _____				
To _____				
From _____				
To _____				

WORK SKILLS

REFERENCES: List the names of four people not related to you whom you have known for at least one year.

Name	Address	City	State	Zip
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1. _____
2. _____
3. _____
4. _____

PHYSICAL RECORD

Have you any disabilities that might affect your job performance? _____

If so, explain? _____

In case of emergency notify _____

Name	Address	Telephone Number
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I authorize investigation of all statement contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date _____ Signature _____