Activity 22-1

Job Application

1. Print the job application found on pages two and three of this document.

2. Complete the job application. Refer to your résumé, list of references, and other documents if necessary. Use blue or black ink and your best handwriting. The application must be neat, clean, and error free.

3. Proofread your application. Compare it to your résumé and cover letter. If there is any conflicting information, revise your documents to match. If you need to correct the job application, print a new copy and start again. Sign and date the form.

4. Practice completing the job application electronically by keying your responses directly into the form.

5. Save your Word document as FirstnameLastname\_Application.docx (i.e., JohnSmith\_Application.docx).

6. Print the completed application. Sign and date the form. Submit it to your instructor along with your handwritten application.

Personal Information

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Initial |
| Address | City | State | Zip |
| E-mail Address | Phone Number  | Social Security Number (last 4 digits)XXX - XX -  |
| Position you are applying for: |
| Are you 18 years of age or older? | What date will you be available to begin work? |
| Type of employment desired: \_\_\_\_\_\_ Full-time only \_\_\_\_\_\_ Part-time only \_\_\_\_\_\_ Full- or part-time |
| Hours you will be available to work: |
| Are there any days or hours you are unable or unwilling to work? If yes, please specify. |
| If hired, can you provide proof of authorization to work in the United States? |

Employment History

List your two most recent employers, beginning with your present employer.

|  |  |  |
| --- | --- | --- |
| Company | Dates of Employment | Supervisor |
| Address | Position and Responsibilities |
| City/State/Zip |
| Telephone | Ending Wage or Salary |
| Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| Company | Dates of Employment | Supervisor |
| Address | Position and Responsibilities |
| City/State/Zip |
| Telephone | Ending Wage or Salary |
| Reason for Leaving |

Education and Skills

|  |  |  |
| --- | --- | --- |
| **Name and Address of School** | **Course of Study** | **Diploma or Degree** |
| High School |  |  |
| College Education |  |  |
| Graduate Education |  |  |
| Other Education/Training |  |  |

|  |
| --- |
| List all software you have experience using. |

|  |
| --- |
| List any additional skills or qualifications that should be part of your consideration for this position. |

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for disqualification for consideration for employment or termination from employment.

The XYZ Company is a drug-free employer. You will be required to pass a drug screening as a condition of employment. By signing below, I understand and agree to participate in testing.

Signature: Date: