Chapter 19

Activity 19-3 Completing a Job Application

**Directions:** Complete the following job application form. Key your responses in the space provided. Once you have a perfect application, print and submit the completed form to your instructor.

Personal Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | First Name | | | | Middle Initial | |
| Address | | City | | | | State | | Zip |
| How long at present address? | Phone Number | | | | Social Security Number | | | |
| What date will you be available for work? | | | | | | | | |
| Type of employment desired  \_\_\_\_\_\_ Full-Time Only \_\_\_\_\_\_ Part-Time Only \_\_\_\_\_\_ Full- or Part-Time | | | | | | | | |
| If hired, can you furnish proof that you are legally entitled to work in the United States? | | | | | | | | |
| If hired, can you furnish proof of age? | | | | | | | | |
| What position are you applying for? | | | | What are your salary requirements? | | | | |
| Hours you will be available to work | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | |
| If yes, please explain | | | | | | | | |
| The XYZ Company is a drug-free employer and you will be required to pass a drug screening as a condition of employment. I understand and agree to participate in testing. ( ) initials | | | | | | | | |

Educational Information

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

Computer Software Knowledge

*List the software that you have experience using and your level of proficiency for each.*

|  |
| --- |
|  |

Employment History

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company | | | Start Date | | Supervisor | Wages |
| Address | | End Date | | Position and Responsibilities | | |
| City/State/Zip | | | |
| Telephone | Reason for Leaving | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company | | | Start Date | | Supervisor | Wages |
| Address | | End Date | | Position and Responsibilities | | |
| City/State/Zip | | | |
| Telephone | Reason for Leaving | | | | | |

Signature: Date: