



Completing Applications Graphic Organizer: Basic Application Form

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Personal

Last Name		First	Middle	Social Security Number	
Street Address		City	State	Zip Code	Telephone Number (Area Code)
If hired, can you supply legal documentation or your U.S. Citizenship or proof that you are legally entitled to work in the U.S.?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state your age:		
What position are you applying for?					
Can you work:		<input type="checkbox"/> Anytime	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends
Are there days you cannot work?					
Have you ever been convicted of a felony or misdemeanor, a violent crime, a retail related crime (ie. Shoplifting, credit card fraud, robbery, theft, burglary)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain the nature of the crimes and the dates of the convictions.					
<i>You do not need to disclose any information regarding arrests, criminal charges, and convictions that have been expunged, annulled, sealed, erased, dismissed, or overturned from your record. Note: A conviction will not necessarily disqualify you from employment.</i>					

Education

Type of School	Name of School	Location of School	Diploma or degree received/expected	Years Completed
High School				
College				
Graduate				
Other				

References

List names of 3 people (excluding relatives) we may contact who have knowledge of your job-related skills:

Name	Relationship	Telephone Number	Address	Occupation



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Employment Experience

				Start (MM/DD/YY)	End (MM/DD/YY)
Name of Employer				Dates of Employment	
Street Address	City	State	Zip Code	Telephone Number (Area Code)	
Position/Job Duties					
Reason for Leaving					

				Start (MM/DD/YY)	End (MM/DD/YY)
Name of Employer				Dates of Employment	
Street Address	City	State	Zip Code	Telephone Number (Area Code)	
Position/Job Duties					
Reason for Leaving					

				Start (MM/DD/YY)	End (MM/DD/YY)
Name of Employer				Dates of Employment	
Street Address	City	State	Zip Code	Telephone Number (Area Code)	
Position/Job Duties					
Reason for Leaving					

I certify that the above statements are true and that the making of false statements or omitting information will be considered sufficient cause for immediate termination upon such discovery.

Applicant Signature

Date