

# ASSIST TO INDEPENDENCE

## Employment Application



### APPLICANT INFORMATION

Last Name		First	M.I.	Date		
Street Address			Apartment/Unit #			
Mailing Address						
City		State	ZIP			
Phone		E-mail Address				
Date Available	Social Security No.		Desired Salary			
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship

Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, educational and other related matters as may necessary for an employment decision.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date