

	Employment Application
---	------------------------

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Last</i>	<i>First</i>	<i>M.I.</i>	
-------------	--------------	-------------	--

Address: \_\_\_\_\_

<i>Street Address</i>	<i>Apartment/Unit #</i>
-----------------------	-------------------------

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
-------------	--------------	-----------------

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you over the age of 18?      YES       NO

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       NO       If yes, when? \_\_\_\_\_

Do you have a relative that currently works at SOAR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?
--	------------------------------	-----------------------------	--------------

Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
---	------------------------------	-----------------------------	--

If yes, explain: \_\_\_\_\_

Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES       NO       Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES       NO       Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES       NO       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: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company :		Phone:	
Address:		Supervisor :	

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

--	--	--	--

