

Sample Job Application



PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

PERSONAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -					
Address (Mailing Address)	(City)	(State)	(Zip)					
E-Mail Address	Other Telephone () -							
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours available							
	From	S	M	T	W	TH	F	S
	To							

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

SCHOOL MOST RECENTLY ATTENDED:

Name	Address	
City	State	Phone Number
Teacher or Counselor	Highest grade completed	GPA
High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sports or activities?		
Languages Read, Written or Spoken Fluently Other Than English		

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (please do not use family members)

Name	Telephone Number () -
Address	
Was this person a co-worker ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years known
When is the best time to contact this person?	
Name	Telephone Number () -
Address	
Was this person a co-worker ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years known
When is the best time to contact this person?	
<p>Employment Test</p> <p>1. If the customer's order came to \$13.58 and he gave you a \$20.00 bill, what is his change?</p> <p>2. If the customer's order came to \$6.22 and he gave you \$20.25, what is his change?</p> <p>3. You are working alone and your shift is due to be over at 6 P.M. The individual who is scheduled to begin working at 6 P.M. does not show up. What do you do?</p>	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

The Mission of Desert Hills Middle School is to ensure all students gain essential academic knowledge and life skills

