

Effective Job Applications



Follow these instructions when completing job applications:

- Read through the application before writing
- Follow all directions
- Be sure to write information in the correct places
- Use an erasable pen, not a pencil
- Be very neat and thorough
- Answer questions in a positive manner
- Answer all questions honestly
- Add positive information when possible

How to Answer Difficult Questions

Although it is easy to lie on an application, it will cause your dismissal if discovered later. Better to leave a sensitive question blank and talk about it during the interview.



Education & Formal Training

- List all of your training and education. List special classes or programs that relate to the job for which you are applying.
- List diplomas, certificates, licenses and degrees.
- Show high grades or good attendance in this section.

Work Experience

- Describe your job duties in short sentences. Use statements like: "opened and closed the store," or "made bank deposits," or "provided customer services for over 100 people a day."
- If you had good attendance on the job, write that on the application.
- Some job titles do not tell much about the job. Write a few words that describe the job after the job title.
- If you have not had much work experience, write about volunteer, education, training, hobbies, neighborhood jobs, babysitting, yard work or delivering newspapers.
- Always check with previous supervisors. You need to find out what they would say about you before naming them on an application.
- Show what you were doing during times you were not working. Some reasons to use are: school or training, raising children, moved and looked for a new job or self-employed.
- Never write "fired" on an application. Show your reason for leaving in a more positive way. If possible, use reasons such as: went to school, moved, took another job. You may also use a statement such as "the job did not work out the way I wanted it to."

How to Answer Difficult Questions

Page 2



Future Plans

- In the comments section, write that you would like to move up in the company with training and hard work.

Health

- Be careful to talk about your health or physical ability in positive terms.
- If you have a health problem (back pain, dizziness) that would affect your job, this may not be the right job for you.
- If you have a health problem that will not affect your job, you can state "I have no limitation that will affect my ability to perform the duties of this job."

Workers' Compensation

- Employers do not like to hire someone who has claimed workers' compensation insurance. This is because it is expensive and they are afraid you will try to claim it again. So do not volunteer this information unless you are specifically asked. If you are, you must not lie.

References

- Ask three adults who know and like you, if you can list them as your references when looking for a job.
- Get the correct spelling of their names and current addresses and phone numbers.

EMPLOYMENT APPLICATION

- ⇒ We are an equal opportunity employer and comply with all applicable laws.
- ⇒ In accordance with the immigration Reform and Control Act of 1988, any offer of employment is conditioned upon satisfactory proof of applicant’s identity and legal ability to work in the United States.

Personal

Applicant Name: _____		
Last	First	Middle
Phone: (H) () _____ (W) () _____		
DOB: _____ SS# _____ Driv.Lic.# _____ Exp. Date: _____		
Current Address: _____		
City _____ State _____ Zip _____		

General Information

What type of work are you interested in? _____ Have you ever worked for this company previously? <input type="checkbox"/> yes <input type="checkbox"/> no If yes when: _____ Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes may we contact your employer? <input type="checkbox"/> yes <input type="checkbox"/> no Are there any shifts or days you cannot work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes when: _____ Date available for work: _____ Do you have transportation to work? <input type="checkbox"/> yes <input type="checkbox"/> no Are you able to do the essential functions of the job for which you are applying with or without reasonable accommodations? <input type="checkbox"/> yes <input type="checkbox"/> no What accommodations will you need? _____ Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes explain: _____ _____ If hired, do you agree to abide by the safety rules of the company? <input type="checkbox"/> yes <input type="checkbox"/> no
--

Educational History

School	Name & Location	Years Attended	Major	Degree or Certificate
High School				
College				
Other				

EMPLOYMENT APPLICATION

Employment History

1. Current Employer: _____ Phone _____
 Address: _____
 Dates of Employment: from _____ to _____ Monthly Salary : _____
 Position: _____ Job Duties: _____

 Supervisor: _____ Phone: _____

2. Previous Employer: _____ Phone _____
 Address: _____
 Dates of Employment: from _____ to _____ Monthly Salary : _____
 Position: _____ Job Duties: _____

 Supervisor: _____ Phone: _____

3. Previous Employer: _____ Phone _____
 Address: _____
 Dates of Employment: from _____ to _____ Monthly Salary : _____
 Position: _____ Job Duties: _____

 Supervisor: _____ Phone: _____

References:
 1. Name: _____ Relationship: _____ Phone: _____
 2. Name: _____ Relationship: _____ Phone: _____
 3. Name: _____ Relationship: _____ Phone: _____

Drug and Alcohol Policy: This company prohibits the use, possession of, distribution of, purchase or sale of, and working or reporting to work under the influence of intoxicants, drugs or illegal substances. Applicants may be required to take and pass a drug and alcohol screening test prior to working. Employees may also be tested.

Everything I have stated in this two page application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I authorize you to verify all information contained in this application, including but not limited to my education and employment information.

 Applicant Signature

 Date

APPLICATION FOR EMPLOYMENT

This company is an Equal Opportunity Employer and fully subscribes to the principle of Equal Employment Opportunity. The Civil Rights Act of 1964 and State and Local law prohibit discrimination on the basis of race, color, religion, sex, national origin, disability, or age.

GENERAL INFORMATION

NAME _____ SS# _____
First Middle Initial Last

Address _____ Phone _____
Street Apt.# City State Zip

How Long at this address _____ Previous Address _____ How long There? _____

Position you are applying for _____ Salary/Wage Desired _____

Date available for work _____ Referred by _____ Do you have transportation to work yes no

Are you a United States Citizen or do you have a work visa? yes no Are you willing to transfer/relocate? yes no

If not, type of visa _____ If so, geographic preference _____

Are you willing to travel? yes no Do you have a relative in employed in this company yes no If yes, who? _____

Have you ever been employed with this company before? yes no If so, when and where were you employed? _____ Position held crew staff management

During the past 7 years, have you ever been convicted of a crime, excluding misdemeanors and traffic violations? yes no If yes describe in full _____

PHYSICAL

Any health problems or physical defects which could affect your employment? yes no

If any such health problems or physical defects exist, please explain _____

Are you able to do the essential functions of this job for which you are applying with or without reasonable accommodations? yes no

What accommodations will you need? _____

EDUCATION

School name, City and State	Dates of Attendance	Diploma/Degree Certificate	Subjects	Average Grades
High School				
College				
Graduate School				
Other				

APPLICATION FOR EMPLOYMENT

page 2

EMPLOYMENT BACKGROUND & REFERENCES (most recent first)

List below your three most recent employers, beginning with the current or most recent one. (If you have had less than three employers, use the remaining places for personal references.) If you were employed under a maiden or other name, please enter that name in the right hand margin.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Name _____ Address _____

Phone _____ Type of work _____ Name of Supervisor _____

Date Started _____ Date Left _____ Salary or wage _____ Reason for leaving _____
starting / ending

Name _____ Address _____

Phone _____ Type of work _____ Name of Supervisor _____

Date Started _____ Date Left _____ Salary or wage _____ Reason for leaving _____
starting / ending

Name _____ Address _____

Phone _____ Type of work _____ Name of Supervisor _____

Date Started _____ Date Left _____ Salary or wage _____ Reason for leaving _____
starting / ending

U.S. MILITARY

Branch of Service _____ Date Entered _____ Date of Discharge _____ Highest Rank Held _____

Do you have service-related skills and experience applicable to civilian employment? YES NO If yes, describe: _____

Are you a member of a active reserve or national guard unit? YES NO If yes, what? _____ What are your obligations and when will they be fulfilled? _____

GENERAL

What additional experiences or training have you had other than your work experience, military service and education? _____

What are your hobbies (civic, athletic, fraternal, etc): _____

Please read carefully before signing: I certify that the information contained in this application is correct to the best of my knowledge and understand deliberate falsification of this information is grounds for dismissal.

 Signature Date

CORPORATE APPLICATION

An Equal Opportunity Employer

Print or type

NAME			POSITION DESIRED	
STREET ADDRESS			SALARY DESIRED	DATE AVAILABLE FOR WORK
CITY	STATE	ZIP	SOCIAL SECURITY NUMBER	
PHONE-HOME		WORK	ARE THERE ANY DAYS OF THE WEEK YOU WILL NOT BE ABLE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

WORK EXPERIENCE

1

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

2

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

3

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

4

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

Please circle the name of any employer or supervisor whom you do not want contacted at this time.

EDUCATION

SCHOOL	LOCATION	DATES	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

GENERAL INFORMATION

WHO REFERRED YOU? IF A SPECIFIC AGENCY OR ORGANIZATION PLEASE GIVE FULL NAME: _____ LIST NAMES AND POSITIONS OF ANY RELATIVES EMPLOYED IN THIS COMPANY: _____ _____ _____	WHY ARE YOU INTERESTED IN WORKING FOR THIS COMPANY AND WHAT ARE YOUR CAREER OBJECTIVES? _____ _____ _____ _____
---	---

CITIZENSHIP

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ALIEN REGISTRATION CARD NO. _____ DO YOU HAVE THE LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST SUPPORTING DOCUMENTS: _____ MILITARY SERVICE HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH BRANCH _____ FROM _____ TO _____ RESERVE STATUS _____ INDICATE ANY SPECIAL TRAINING RECEIVED _____

MEDICAL HISTORY

ARE YOU AT LEAST 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AT LEAST 21 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN DID YOU LAST SEE A PHYSICIAN? _____ FOR WHAT REASON? _____ DO YOU HAVE ANY PHYSICAL DEFICIENCIES WHICH PRECLUDE YOUR PERFORMING CERTAIN KINDS OF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE SUCH DEFICIENCIES AND SPECIFIC WORK LIMITATIONS _____ PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME; _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS REFERENCES

PLEASE LIST 3 BUSINESS REFERENCES:			
NAME	POSITION IN COMPANY	CURRENT ADDRESS	TELEPHONE

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW:
 I declare my answers to the questions on this application are true and give this company the right to investigate all references and information given. I agree that any false statement or misrepresentation on this application will be cause for refusal to hire or for immediate dismissal. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such termination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment.

DATE _____ SIGNATURE _____