Name:

Date:

School:

Facilitator:

5.01 Job Application

**Total Points: 35**

**Fill out the job application form below.**

# *O*rigi Corporation

# Job Application

## ****Personal Information:****

| **First Name** | **Middle Initial** | **Last Name** | **Maiden Name** |
| --- | --- | --- | --- |
|  |  |  |  |

| **Street Address** | **City** | **State** | **Zip** |
| --- | --- | --- | --- |
|  |  |  |  |

| **Cell Phone Number (xxx) xxx-xxxx** | **Date of Birth (mm/dd/yyyy** | **Social Security Number (xxx-xx-xxxx)** |
| --- | --- | --- |
|  |  | Do **NOT** enter your Social Security Number. But be aware that you will need it when filling out any job application. |

| **Email Address** |  |
| --- | --- |

## POSITION/AVAILABILITY:

| **Desired Position(s)** |  |
| --- | --- |

| **List the times you are available to work each day** |
| --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

| **What date you are available to begin work?** |  |
| --- | --- |
| **Do you have reliable transportation?** |  |

## Education:

| **School Name** | **Location** | **Dates Attended** | **Degree Earned? (Y or N)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **List any special skills or certifications** |
| --- |
| **Name of skill/certification** | **Date Earned** |
|  |  |
|  |  |
|  |  |
|  |  |

| **List any extracurricular activities** |
| --- |
| **Name of Activity** | **Brief Description** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

EMPLOYMENT HISTORY:

****List all previous employers. Begin with the most recent position. Include volunteer work.****

| **Employer Name** | **Address** | **City** | **State** |
| --- | --- | --- | --- |
|  |  |  |  |

| **Supervisor’s Name** | **Phone Number** | **Your Position** | **Your Salary** | **Dates of Employment** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  **to**  |

| ****Your Duties/Responsibilities**** |  |
| --- | --- |

| **Reason For Leaving** |  |
| --- | --- |
| **May we contact this employer?** |  |

| **Employer Name** | **Address** | **City** | **State** |
| --- | --- | --- | --- |
|  |  |  |  |

| **Supervisor’s Name** | **Phone Number** | **Your Position** | **Your Salary** | **Dates of Employment** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  **to**  |

| ****Your Duties/Responsibilities**** |  |
| --- | --- |

| **Reason For Leaving** |  |
| --- | --- |
| **May we contact this employer?** |  |

| **Employer Name** | **Address** | **City** | **State** |
| --- | --- | --- | --- |
|  |  |  |  |

| **Supervisor’s Name** | **Phone Number** | **Your Position** | **Your Salary** | **Dates of Employment** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  **to**  |

| ****Your Duties/Responsibilities**** |  |
| --- | --- |

| **Reason For Leaving** |  |
| --- | --- |
| **May we contact this employer?** |  |

## ****REFERENCES:****

**List 3 references. They should not be relatives.**

| **Name** | **Address** | **Phone Number** | **Email** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. If hired, I have documentation that proves I am eligible to legally work in the United States. I authorize the verification of any or all information listed above.

| **Print Name** | **Signature** | **Today’s Date** |
| --- | --- | --- |
|  |  |  |