

Position for which you are applying: _____

Name _____ SS # _____

Home Phone (____) _____ Cell Phone (____) _____

Address _____ Zip _____

Email _____@_____

Experience and Training:

Date of last Employer | Address | Phone | Nature of work | Reason for Leaving

Do you hold a valid drivers license? YES NO

Please list traffic violations you have received in the last two years. _____

Have you ever been treated for a nervous, mental or emotional disorder? YES NO

If yes, when ? _____ What was the nature of the disorder? _____

Have you used narcotics, hallucinogens, or drugs not prescribed by a physician? YES NO

If yes, when was the last time and to what extent? _____

Have you been previously convicted of a felony or misdemeanor? YES NO

If the answer is yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances.

Have you been previously charged with any crime related to the abuse, mistreatment, or molestation of children?

YES NO

If the answer is yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances.

CLERICAL ONLY THIS SECTION:

Are you skilled in accessing the internet? YES NO

Do you have any bookkeeping skills? YES NO

Computer experience: MAC PC

Office Knowledge:

List programs and social media you are familiar: (ie: Word, Power Point, Pages, Excel, Keynote, Keap, Quickbook Facebook, Instagram

Social Media Knowledge: _____

EMPLOYMENT EXPERIENCE:

Start with your present or last employer.

Employer _____ Dates Employed _____ Work Performed _____

Address _____ Phone () _____

Supervisor _____ Reason for leaving _____

Start with your present or last employer.

Employer _____ Dates Employed _____ Work Performed _____

Address _____ Phone () _____

Supervisor _____ Reason for leaving _____

REFERENCES: Please list three people who you know well whom we can contact for references. No relatives please.

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State/Zip _____ State/Zip _____ State/Zip _____

Phone _____ Phone _____ Phone _____

I declare by my signature below that to the best of my knowledge, all this information in this application is true and complete. I also authorize you to make any necessary inquiries. I hereby release employers, schools, or person from liability in responding to inquiries in connection with my application.

SIGNATURE

DATE