**My Reemployment Plan: Sample Job Application**

*It is important that you complete ALL parts of the application.  If your application is incomplete or does not clearly show the experience/training required, it may not be accepted.  If you have no information to enter in a section, please write n/a.*

|  |
| --- |
| **PERSONAL INFORMATION** |
| Name (First, MI, Last) | Social Security Number |
|  |  |
| Mailing Address |
|  |
| City, State, and ZIP Code |
|  |
| Phone Number | Alternate Phone Number |
|  |  |
| If under 18, please list age | E-mail |
|  |  |
| **JOB INFORMATION** |
| Are you responding to an online job posting? | [ ]  Yes [ ]  No |
| If yes, please list name of the position. |  |
| Availability |
| [ ]  Mon | [ ]  Tue | [ ]  Wed | [ ] Thu | [ ]  Fri | [ ]  Sat | [ ]  Sun | [ ]  No Preference |
| I am seeking work: | [ ]  Full-time | [ ]  Part-time | [ ]  Full-time or Part-time |
| How many hours can you work weekly? |  | Can you work nights? | [ ]  Yes [ ]  No |
| **ADDITIONAL INFORMATION** |
| Have you ever been employed by this organization in the past? | [ ]  Yes [ ]  No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | [ ]  Yes [ ]  No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?  | [ ]  Yes [ ]  No |
| If Yes, please explain: |
|  |
| Do you have a driver’s license? | [ ]  Yes [ ]  No | Driver’s License # |  | Issuing State |  |

|  |
| --- |
| EDUCATION |
| School | Location | Years Completed | Major | Degree or Diploma |
| High School |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| College and/or Business/Trade School |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| If you have any other education or training, please explain: |
|  |
| **MILITARY** |
| Have you ever been in the Armed Forces? | [ ]  Yes [ ]  No |
| Date Entered |  | Discharge Date |  |
| Are you currently a member of the National Guard? | [ ]  Yes [ ]  No |
| Specialty |
|  |
| **WORK EXPERIENCE** |
| *Please list ALL work experience beginning with your most recent job held.  Attach additional sheets if necessary.* |
| Company | Job Title | Name of Last Supervisor |
|  |  |  |
| Company Location | Company Phone Number | Reason for Leaving |
|  |  |  |
| Start Date |  | End Date |  |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company. |
|  |
| May we contact the above employer? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| Company | Job Title | Name of Last Supervisor |
|  |  |  |
| Company Location | Company Phone Number | Reason for Leaving |
|  |  |  |
| Start Date |  | End Date |  |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company. |
|  |
| May we contact the above employer? | [ ]  Yes [ ]  No |
| Company | Job Title | Name of Last Supervisor |
|  |  |  |
| Company Location | Company Phone Number | Reason for Leaving |
|  |  |  |
| Start Date |  | End Date |  |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company. |
|  |
| May we contact the above employer? | [ ]  Yes [ ]  No |
| **REFERENCES** |
| *Please include only individuals familiar with your work and do not include relatives.* |
| Name | Relationship | Phone Number | E-mail |
|  |  |  |  |
| Name | Relationship | Phone Number | E-mail |
|  |  |  |  |
| Name | Relationship | Phone Number | E-mail |
|  |  |  |  |
| Name | Relationship | Phone Number | E-mail |
|  |  |  |  |
| Name | Relationship | Phone Number | E-mail |
|  |  |  |  |
| **CERTIFICATION** |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. |
|  |  |
| Signature | Date |