

GENERAL INFORMATION

First name: _____ Middle name: _____
Last name: _____ Suffix (Jr., Sr., III, etc.): _____

Phone number (listed on resume): _____
Email address (listed on resume): _____
Password to email address on resume: _____

Date of birth: _____ Social Security number: _____

Mailing address: _____
Suite or Apartment number: _____ City: _____
State abbreviation: _____ Zip Code: _____ County: _____
Emergency contact person: _____
Relationship: _____ Phone number: _____
Email address: _____

AVAILABILITY

Are you seeking Full-Time or Part-Time employment? (Yes/No): _____
Preferred number of work hours per week: _____
Maximum work hours per week: _____
MONDAY: Earliest: _____ Latest: _____
TUESDAY: Earliest: _____ Latest: _____
WEDNESDAY: Earliest: _____ Latest: _____
THURSDAY: Earliest: _____ Latest: _____
FRIDAY: Earliest: _____ Latest: _____
SATURDAY: Earliest: _____ Latest: _____
SUNDAY: Earliest: _____ Latest: _____

Other notes about availability: _____
Able to work holidays? (Yes/No): _____ Able to work overnights? (Yes/No): _____

WORK EXPERIENCE

[Include paid and non-paid work experiences (*internships, co-ops, volunteer work*) as needed.]

WORK EXPERIENCE 1 (Most recent):

Employer: _____
Full address: _____
Phone number: _____
Job title: _____
Start date: _____ End date: _____
Reason for leaving: _____

Starting wage:	Ending wage:
Supervisor name:	Can employer be contacted? (Yes/No):
Job duties:	

WORK EXPERIENCE 2:

Employer:	
Full address:	
Phone number:	
Job title:	
Start date:	End date:
Reason for leaving:	
Starting wage:	Ending wage:
Supervisor name:	Can employer be contacted? (Yes/No):
Job duties:	

WORK EXPERIENCE 3:

Employer:	
Full address:	
Phone number:	
Job title:	
Start date:	End date:
Reason for leaving:	
Starting wage:	Ending wage:
Supervisor name:	Can employer be contacted? (Yes/No):
Job duties:	

WORK EXPERIENCE 4:

Employer:	
Full address:	
Phone number:	
Job title:	
Start date:	End date:
Reason for leaving:	
Starting wage:	Ending wage:
Supervisor name:	Can employer be contacted? (Yes/No):
Job duties:	

WORK EXPERIENCE 5:

Employer:	
Full address:	
Phone number:	
Job title:	
Start date:	End date:
Reason for leaving:	
Starting wage:	Ending wage:
Supervisor name:	Can employer be contacted? (Yes/No):
Job duties:	

EDUCATION

EDUCATION 1: (Most recent):

Name of school:

Full address:

Degree /Diploma obtained:

Major:

Minor:

Years attended:

Graduation date:

EDUCATION 2:

Name of school:

Full address:

Degree /Diploma obtained:

Major:

Minor:

Years attended:

Graduation date:

EDUCATION 3:

Name of school:

Full address:

Degree /Diploma obtained:

Major:

Minor:

Years attended:

Graduation date:

OTHER INFORMATION

[Other training / experience / technology skills / languages / helpful information]:

Do you have reliable transportation for purposes of employment? (Yes/No):

Are you legally authorized to work in the USA? (Yes/No):

Are you 18 years or older? (Yes/No):

Are you 16 years or older? (Yes/No):

Do you have a State Identification Card? (Which state):

Document Number:

Expiration Date:

MILITARY SERVICE

Branch:

Highest rank:

Dates of service:

Military specialty:

Other information:

CRIMINAL HISTORY

(Not including minor traffic/parking violations):

[Date, Offense, Level/Degree, Conviction, Sentence, Court, Case Number, Other Information]:

WORK OPPORTUNITY TAX CREDIT (WOTC)

Have you been convicted of a felony? (Yes/No):

Are you currently active-duty military? (Yes/No): _____

Are you working with a State Rehabilitation Agency? (Yes/No): _____

Do you have a disability? (Yes/No): _____

Have you been unemployed for the last year? (Yes/No): _____

Have you been eligible for unemployment for the last year? (Yes/No): _____

Are you receiving case or voucher assistance (SNAP Benefits)? (Yes/No): _____

Are you receiving TANF benefits (Temporary Assistance for Needy Families)? (Yes/No): _____

Are you receiving SSI benefits (Supplemental Security Income)? (Yes/No): _____

Are you receiving SSDI benefits (Social Security Disability Insurance)? (Yes/No): _____

ACCOMMODATIONS

Are you able to perform the job duties with or without reasonable accommodations?
What reasonable accommodations do you need?: _____

REFERENCES

PROFESSIONAL REFERENCE 1:

Name: _____

Company: _____

Title: _____

Address: _____

Email: _____ Phone number: _____

Relationship: _____ Years known: _____

PROFESSIONAL REFERENCE 2:

Name: _____

Company: _____

Title: _____

Address: _____

Email: _____ Phone number: _____

Relationship: _____ Years known: _____

PROFESSIONAL REFERENCE 3:

Name: _____

Company: _____

Title: _____

Address: _____

Email: _____ Phone number: _____

Relationship: _____ Years known: _____