



## Completing Job Application Forms

- Save time and effort by preparing a fact sheet containing all the information needed to complete application forms (i.e. job history, supervisor's name, phone numbers, salary information). Use your fact sheet as a reference whenever you need to complete an application form.
- Before you start filling out an application, make a photocopy and use that as a draft.
- Print or write neatly with a pen. Employers develop a first impression based on your application. Be sure it is neatly and completely filled out.
- Attach your résumé to the application form and also complete the job history section. Avoid the temptation to write *See attached résumé* on the application. Most employers want to see your work history presented in their format. If there are gaps in the chronology of your work history, provide an explanation.
- When describing responsibilities from past jobs, list the duties that are most relevant to the job you seek.
- Include internships as part of your work experience.
- Tell the truth. When you sign the application, you are affirming that everything on it is accurate.
- Use positive language to describe the reason for leaving a position. Write statements such as *Opportunity for Advancement* rather than *Didn't like boss* or *No growth potential*. If you were part of a layoff, use a phrase such as *Company downsized*.
- Include volunteer and community service activities if they relate to your field or demonstrate skills such as leadership or organization. Leave off any organizations that indicate race, color, religion, etc.
- The application may ask, *Do you have any handicaps or health problems that may affect your ability to perform the job?* List only those that would affect your ability to perform the job applied for.
- When filling in the *Salary Expected* box, write in *Will discuss* or *Negotiable*.
- Fill out the application completely. Insert *N/A* in blanks that are not applicable.
- After you have completed the application, review it for accuracy.
- Sign the application and keep a photocopy for your records.
- Ask the employer for information about the application process. When will applicants be contacted for an interview? How will they be notified that a position has been filled?
- Keep a record of where you have submitted applications. Mark your calendar with a date to follow-up and do so.

## A Practice Application for Employment

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Position you are applying for	Expected Wage
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Last Name	First	Middle	Nickname
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Street Address	Apt. No.	City	State	Zip
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Area Code & Telephone	Social Security Number
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How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other

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Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, do you have an Alien Registration Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:

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Have you filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
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Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
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Do you have any friends or relatives who work for us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:
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Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work
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Can you work overtime when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Are you on lay-off and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Would you be willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Are you a Veteran of the United States military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:
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Are you a member of the National Guard or Reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:
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Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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If yes please explain:

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Please give the name, address, and telephone number of three references not related to you:

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Do you have any medical, physical, or mental impairments which would limit you from performing the job for which

you  
are applying?  Yes  No  
If yes, please explain:

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**Work History**

Month/Year Began	Month/Year Left	Beginning Wage	Final Wage
Employer		Job Title	Supervisor's Name
Address, City, State, Zip			Telephone
Reason for Leaving			
Duties Performed			

Month/Year Began	Month/Year Left	Beginning Wage	Final Wage
Employer		Job Title	Supervisor's Name
Address, City, State, Zip			Telephone
Reason for Leaving			
Duties Performed			

	Month/Year Left	Beginning Wage	Final Wage
Month/Year Began			
Employer		Job Title	Supervisor's Name
Address, City, State, Zip			Telephone
Reason for Leaving			
Duties Performed			

Month/Year Began	Month/Year Left	Beginning Wage	Final Wage
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Employer	Job Title	Supervisor's Name
Address, City, State, Zip		Telephone
Reason for Leaving		
Duties Performed		

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**Education**

High School	Years Completed	Program or Major	Diploma or Degree
Vocational-Technical School	Years Completed	Program or Major	Diploma or Degree
Vocational-Technical School	Years Completed	Program or Major	Diploma or Degree
College	Years Completed	Program or Major	Diploma or Degree
College	Years Completed	Program or Major	Diploma or Degree
Graduate-Professional	Years completed	Program or Major	Diploma or Degree

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**Training/Certification**

License, Certificate, Registration	Number	Where Issued	Expiration Date
License, Certificate, Registration	Number	Where Issued	Expiration Date
License, Certificate, Registration	Number	Where Issued	Expiration Date

Other Specialized Training, Apprenticeship, Skills, or Activities

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Please give any additional information you feel may be helpful when considering your application:

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**Please Read Carefully and Sign:**

I understand that this application for employment will be given every consideration, but its receipt does not constitute a contract of employment, nor does it imply that I will be hired.

I certify that all answers given on this employment application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient cause for immediate termination of employment by the employer without incurring any liability or obligation.

I hereby acknowledge that I have read and understand this statement.

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Signature of the Applicant

Date Signed