



# WorkTrain

Application for Employment



## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)			
CURRENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
AREA CODE/ PHONE NUMBER		SECONDARY PHONE	
E-MAIL ADDRESS		REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START / /	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED NOW? <input type="radio"/> YES <input type="radio"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="radio"/> YES <input type="radio"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="radio"/> YES <input type="radio"/> NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="radio"/> YES <input type="radio"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

DEGREES ACQUIRED:  GED  HIGH SCHOOL  COLLEGE  MASTERS  OTHER: \_\_\_\_\_

## GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING

# WORK HISTORY

(Start with your most recent employment, and then work backwards)

NAME OF ORGANIZATION	AREA CODE/ PHONE NUMBER	FROM: MONTH	YEAR
ADDRESS	CITY, STATE, ZIP	TO: MONTH	YEAR
JOB TITLE	SUPERVISOR	AVG HOURS WORKED PER WEEK	
DESCRIPTION OF JOB DUTIES		BEGINNING SALARY	
		ENDING SALARY	
REASON FOR LEAVING			

NAME OF ORGANIZATION	AREA CODE/ PHONE NUMBER	FROM: MONTH	YEAR
ADDRESS	CITY, STATE, ZIP	TO: MONTH	YEAR
JOB TITLE	SUPERVISOR	AVG HOURS WORKED PER WEEK	
DESCRIPTION OF JOB DUTIES		BEGINNING SALARY	
		ENDING SALARY	
REASON FOR LEAVING			

NAME OF ORGANIZATION	AREA CODE/ PHONE NUMBER	FROM: MONTH	YEAR
ADDRESS	CITY, STATE, ZIP	TO: MONTH	YEAR
JOB TITLE	SUPERVISOR	AVG HOURS WORKED PER WEEK	
DESCRIPTION OF JOB DUTIES		BEGINNING SALARY	
		ENDING SALARY	
REASON FOR LEAVING			

Please add other relevant work history to this form on a separate piece of paper.

## LICENSES/SPECIAL QUALIFICATIONS/SKILLS

LIST ALL LICENSES, SPECIAL QUALIFICATIONS OR SKILLS THAT RELATE TO THE JOB YOU ARE APPLYING FOR:  
(ex: languages, typing, business equipment, computer programs or machine operating skills)


## MORE INFORMATION

HOW DID YOU HEAR ABOUT WORKTRAIN?	
HOW DID YOU HEAR ABOUT THE JOB YOU ARE APPLYING FOR?	
ARE YOU A VETERAN? <input type="radio"/> YES <input type="radio"/> NO	IF YES, WHAT BRANCH/DIVISION?

HAVE YOU EVER BEEN CHARGED WITH A FELONY OR MISDEMEANOR WHERE DISPOSITION WAS A CONVICTION, A PLEA OF NOLO CONTENDERE (NO CONTEST), OR FIRST OFFENDER TREATMENT? <input type="radio"/> YES <input type="radio"/> NO
IF YES, PLEASE DESCRIBE THE CIRCUMSTANCES:

**Note:** A criminal conviction or disclosure of a misdemeanor conviction will not automatically result in disqualification of your application. Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.

DO YOU HAVE A VALID DRIVERS LICENSE? <input type="radio"/> YES <input type="radio"/> NO	LICENSE #	CLASS	STATE
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**Note:** Possession of a valid drivers license is not an essential function of all employment offered by WorkTrain. Answering "No" to this question does not necessarily disqualify your application.

HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE PAST 3 YEARS? <input type="radio"/> YES <input type="radio"/> NO
IF YES, PLEASE INDICATE TYPE OF OFFENCE AND DATES:

**REFERENCES**

(Optional)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, falsified statements on this application could be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of WorkTrain had any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized WorkTrain representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American's with Disabilities Act (ADA) and other relevant federal and state laws.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

-----**DO NOT WRITE BELOW THIS LINE**-----

**REMARKS**

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	DEPARTMENT/POSITION	WILL REPORT	SALARY

APPROVED

\_\_\_\_\_

EMPLOYMENT MANAGER

\_\_\_\_\_

DEPARTMENT HEAD

\_\_\_\_\_

GENERAL MANAGER