## Awareness of Technology for Elderly, Disabled & Youth

## **Employment Application**

| Applicant Information   |                          |               |  |           |                     |                  |      |         |    |  |  |  |
|---|--------------------------|---------------|--|-----------|---------------------|------------------|------|---------|----|--|--|--|
| Full Name:  |                          |               |  |           |                     | Date:            |      |         |    |  |  |  |
| Address:  | Last                     | ast First     |  |           |                     |                  | M.I. |         |    |  |  |  |
| / ladi 055  | Street Address           |               |  |           |                     | Apartment/Unit # |      |         |    |  |  |  |
| -   | City                     |               |  |           |                     | State            | 9    | ZIP Cod | de |  |  |  |
| Phone: ( ) E-mail Address:  |                          |               |  |           |                     |                  |      |         |    |  |  |  |
| Date Available: Social Security No.:  |                          |               |  |           | Desired Salary: _\$ |                  |      |         |    |  |  |  |
| Position Applied for:  YES NO YES NO  |                          |               |  |           |                     |                  |      |         |    |  |  |  |
|   | itizen of the United Sta | tes?   YES    | If no, are you authorized to work in the U.S.? |           |                     |                  |      |         |    |  |  |  |
| Have you ever worked for this company?  YES NO  Have you ever been convicted of a felony?  If so, when?  Output  Description: |                          |               |  |           |                     |                  |      |         |    |  |  |  |
| •   | ain:                     | •             |  |           |                     |                  |      |         |    |  |  |  |
| ii yoo, oxpic   |                          |               |  |           |                     |                  |      |         |    |  |  |  |
|   |                          |               |  | cation    |                     |                  |      |         |    |  |  |  |
| High Schoo  | ol:                      | Add           | dress:   | YES       | NO                  |                  |      |         |    |  |  |  |
| From:   | To:                      | Did you gradu | ate?   |           |                     | Degree:          |      |         |    |  |  |  |
| College:  |                          | Add           | dress:   |           | NO                  |                  |      |         |    |  |  |  |
| From:   | To:                      | Did you gradu | ate?   | YES       | NO                  | Degree:          |      |         |    |  |  |  |
| Other:  |                          | Add           | dress:   |           |                     |                  |      |         |    |  |  |  |
|   | To:                      |               |  | YES       | NO                  | Degree:          |      |         |    |  |  |  |
|   |                          |               | Refe   | rences    |                     |                  |      |         |    |  |  |  |
| Please list   | three professional ref   | erences.      |  |           |                     |                  |      |         |    |  |  |  |
| Full Name:  |                          |               |  | Relations | hip:                |                  |      |         |    |  |  |  |
| Company:  |                          |               |  |           |                     | Phone:           |      | )       |    |  |  |  |
| Address: _  |                          |               |  |           |                     |                  |      |         |    |  |  |  |
|   |                          |               |  | Relations | Relationship:       |                  |      |         |    |  |  |  |
| Company:  |                          |               |  |           |                     | Phone:           |      | )       |    |  |  |  |
| Address: _  |                          |               |  |           |                     |                  |      |         |    |  |  |  |
|   |                          |               |  |           |                     |                  |      |         |    |  |  |  |
| Company:  |                          |               |  |           |                     | Phone:           | _(   | )       |    |  |  |  |
| Address:  |                          |               |  |           |                     |                  |      |         |    |  |  |  |

| Previous Employment   |              |         |                |    |  |  |  |  |  |  |
|---|--------------|---------|----------------|----|--|--|--|--|--|--|
| Company:  | Phone:       | (       | )              |    |  |  |  |  |  |  |
| Address:  | Super        | rvisor: |                |    |  |  |  |  |  |  |
| Job Title: Starting Salary: \$  |              |         | Ending Salary: | \$ |  |  |  |  |  |  |
| Responsibilities:   |              |         |                |    |  |  |  |  |  |  |
| From: To: Reason for Leaving:   | NO           |         |                |    |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  | NO           |         |                |    |  |  |  |  |  |  |
| Company:  | Phone:       | (       | )              |    |  |  |  |  |  |  |
| Address:  | Super        | rvisor: |                |    |  |  |  |  |  |  |
| Job Title: Starting Salary: \$  |              |         | Ending Salary: | \$ |  |  |  |  |  |  |
| Responsibilities:   |              |         |                |    |  |  |  |  |  |  |
| From: To: Reason for Leaving:   | NO           |         |                |    |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  | NO           |         |                |    |  |  |  |  |  |  |
| Company:  | Phone:       | (       | )              |    |  |  |  |  |  |  |
| Address:  | Super        | rvisor: |                |    |  |  |  |  |  |  |
| Job Title: Starting Salary: \$  |              |         | Ending Salary: | \$ |  |  |  |  |  |  |
| Responsibilities:   |              |         |                |    |  |  |  |  |  |  |
| From: To: Reason for Leaving:   | NO           |         |                |    |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference?  | NO           |         |                |    |  |  |  |  |  |  |
| Military Servic   | е            |         |                |    |  |  |  |  |  |  |
| Branch:   | From         | n:      | To:            |    |  |  |  |  |  |  |
| Rank at Discharge: Type of  | f Discharge: |         |                |    |  |  |  |  |  |  |
| If other than honorable, explain:   |              |         |                |    |  |  |  |  |  |  |
| Disclaimer and Sign   | nature       |         |                |    |  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |              |         |                |    |  |  |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |              |         |                |    |  |  |  |  |  |  |
| Signature:  |              |         | Date:          |    |  |  |  |  |  |  |

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