



APPLICATION FOR EMPLOYMENT

WE APPRECIATE YOUR INTEREST IN CAPUP AND WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND, EXPERIENCES AND WORK HISTORY WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS.

Position Applied For _____ Date: _____

Name _____
FIRST MIDDLE LAST

Address _____
(NUMBER & STREET) (CITY, STATE, ZIP CODE)

Birth Date _____ SS# _____ Driver's License # _____ Phone _____

EDUCATION

Describe your formal education, training, or special skills:

| DEGREE | NAME AND ADDRESS OF SCHOOL | M | A | J | O | R |
|-----------------|----------------------------|---|---|---|---|---|
| HIGH SCHOOL | _____ | | / | | | |
| COLLEGE | _____ | | / | | | |
| GRADUATE SCHOOL | _____ | | / | | | |
| OTHER | _____ | | / | | | |

PERSONAL INFORMATION

Person to contact in case of Emergency:

Name _____ Phone _____ Relationship _____

Do you now have, or have you ever had any serious health problems? _____

If so, please explain _____

Does any member of your immediate family work for CAPUP or serve on any CAPUP Board or Council? If yes, please provide their name and their Board, Council, or employment position: _____

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EXPERIENCE

Starting with the most recent, describe all paid, intern, voluntary, and military experience. If you need more space, attach additional sheet(s).

Job Title _____ Employer _____
Address _____ Name of Supervisor _____
Phone (____) _____ Dates _____ to _____ Salary \$ _____
Duties _____

Job Title _____ Employer _____
Address _____ Name of Supervisor _____
Phone _____ Dates _____ to _____ Salary _____
Duties _____

Job Title _____ Employer _____
Address _____ Name of Supervisor _____
Phone _____ Dates _____ to _____ Salary _____
Duties _____

May we contact your present or previous employer? Yes No

REFERENCES

Provide references that you know well. (Do not include previous **employees** or **relatives**)

| Name | Address | Relationship | Phone |
|---------|---------|--------------|-------|
| 1 _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ |

I REPRESENT THE ABOVE STATEMENTS AS TRUE AND ACCURATE. I UNDERSTAND THAT FALSE STATEMENTS MAY RESULT IN MY NOT BEING HIRED OR IN MY DISMISSAL FROM EMPLOYMENT. FURTHERMORE, I UNDERSTAND THAT A DRUG TEST WILL BE ADMINISTERED AT ONSET OF EMPLOYMENT AND RANDOMLY DURING EMPLOYMENT AND CONTINUED EMPLOYMENT WILL DETERMINED BY OUTCOME OF SUCH TEST.

Date _____ Signature of Applicant _____

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