

Employment Application
Milestones Community Support Services
707 Gittings Street Suffolk VA 23434
Suite 100 C
757-809-0996/757-338-1064
admin@milestonescss.com

APPLICANT INFORMATION												
Last Name			First Name				M.I.		Date			
Street Address					Apartment Unit #							
City			State			ZIP						
Phone			E-Mail Address									
Date Available			Social Security No.			Desired Salary						
Position Applied For												
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
EDUCATION												
High School			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please List Three Professional References. (Past Supervisors, Coworkers, or Teachers)</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

PREVIOUS EMPLOYMENT

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Company				Phone			
Address				Supervisor			
Job Title				Starting Salary		\$	
Ending Salary				\$			
Responsibilities							
From				To			
Reason for Leaving							
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Phone			
Address				Supervisor			
Job Title				Starting Salary		\$	
Ending Salary				\$			
Responsibilities							
From				To			
Reason for Leaving							
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Phone			
Address				Supervisor			
Job Title				Starting Salary		\$	
Ending Salary				\$			
Responsibilities							
From				To			
Reason for Leaving							
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
MILITARY SERVICE							
Branch				From			
To				Type of Discharge			
Rank at Discharge				Type of Discharge			
If other than honorable, explain							
DISCLAIMER AND SIGNATURE							
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	