

# Application for Employment



NAME (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET	APT NO.	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		EVENING TELEPHONE NUMBER		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## DESIRED OPPORTUNITY

FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	SUBSTITUTE <input type="checkbox"/>	SEASONAL <input type="checkbox"/>	PREFERRED POSITION
AVAILABLE START DATE	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESIRED SALARY RANGE		TODAY'S DATE	
HAVE YOU EVER WORKED FOR POLARIS LEARNING IN THE PAST? IF YES, PLEASE PROVIDE START AND END DATES. <input type="checkbox"/> YES <input type="checkbox"/> NO START DATE: _____ END DATE: _____				REFERRED BY	

## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE INDICATE THE EXTENT AND HAS IT BEEN RESOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
ARE YOU WILLING TO OBTAIN YOUR CDL TO DRIVE THE CENTER'S BUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW WOULD YOU DESCRIBE YOUR DRIVING RECORD? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
PLEASE SHARE WITH US SOME OF YOUR HOBBIES AND/OR INTERESTS	
ANY SPECIAL ACHIEVEMENTS OR AWARDS?	

## EDUCATION INFORMATION

LEVEL OF SCHOOL	NAME & LOCATION OF SCHOOL	# OF YEARS	DID YOU GRADUATE?	MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE or BUSINESS SCHOOL				

**ADDITIONAL STUDIES AND TRAININGS**

SPECIAL TRAININGS OR SEMINARS
CERTIFICATIONS

**PREVIOUS EMPLOYMENT INFORMATION - Please list employers starting with the most recent**

MOST RECENT OR CURRENT NAME OF EMPLOYER					
ADDRESS		CITY		STATE	ZIPCODE
STARTING DATE	ENDING DATE		JOB TITLE		
TELEPHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		STARTING WAGE/SALARY		ENDING WAGE/SALARY
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF EMPLOYER					
ADDRESS		CITY		STATE	ZIPCODE
STARTING DATE	ENDING DATE		JOB TITLE		
TELEPHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		STARTING WAGE/SALARY		ENDING WAGE/SALARY
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF EMPLOYER					
ADDRESS		CITY		STATE	ZIPCODE
STARTING DATE	ENDING DATE		JOB TITLE		

**EMPLOYMENT HISTORY CONTINUED**

TELEPHONE	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING WAGE/SALARY	ENDING WAGE/SALARY
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**ADDITIONAL INFORMATION**


_____	_____
<b>APPLICANT'S SIGNATURE</b>	<b>TODAY'S DATE</b>
By signing this application you hereby contest that all information is true and valid. Further more any false information provided will result in this application being discarded. All applications will be kept on record for 90 days after the date of stated above.	

<b>FOR OFFICE USE ONLY:</b>	
APPLICANT INTERVIEWED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF INTERVIEW _____	PERSON INTERVIEWING _____
POSITION INTERVIEWING FOR _____	POSITION OFFERED <input type="checkbox"/> YES <input type="checkbox"/> NO