

PLEASE TYPE OR PRINT IN BLACK INK

Date: / /

AREA OF INTEREST:	MARKET OF INTEREST:
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NAME: Last Name	First Name	Middle Initial	
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**DEMOGRAPHIC INFORMATION**

ADDRESS:

CITY:	STATE:	ZIP:
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TELEPHONE: ( )- -	Social Security # - -
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E-MAIL:	REFERRAL SOURCE:
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**EDUCATION INFORMATION**

INSTITUTION:	TELEPHONE: ( )- -
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INSTITUTION ADDRESS:	STATE:	ZIP:
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MAJOR:	GPA:	ENROLLMENT STATUS:
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ACADEMIC CONTACT:	TELEPHONE: ( )- - EXT:
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**SCHEDULING & AVAILABILITY**

START DATE: / /	END DATE: / /
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**SPECIFY HOURS AVAILABLE FOR EACH DAY OF THE WEEK**

MON	TUE	WED	THUR	FRI	SAT	SUN
To	To	To	To	To	To	To

**EMPLOYMENT INFORMATION**

From	Name & Address of Employer	Salary <input type="checkbox"/> Hourly <input type="checkbox"/>	Position	Reason for Leaving
To		Starting _____ Ending _____		

Duties Performed:

Supervisor's Name:	Phone: ( )- -	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
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From	Name & Address of Employer	Salary <input type="checkbox"/> Hourly <input type="checkbox"/>	Position	Reason for Leaving
To		Starting _____ Ending _____		

Duties Performed:

Supervisor's Name:	Phone( )- -	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as dates of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

**Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes  No**

**If Yes, please attach a written statement with date(s) and details.**

I understand that any information provided by me that is found false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date / /