



Alliance for Multicultural Community Services

Helping People Achieve Independence

A United Way Agency

Employment Application

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date: _____

Employment Desired				
Position	Date you can start	Salary Desired	Type of Employment	
			<input type="radio"/> Full-time	<input type="radio"/> Summer
			<input type="radio"/> Part-time	<input type="radio"/> Temporary
Are you employed now?	<input type="radio"/> Yes <input type="radio"/> No	If so, may we contact your present employer?		<input type="radio"/> Yes <input type="radio"/> No
Personal Information				
Last Name		First Name		Middle Name
Address Number	Street Name	City	State	Zip Code
Social Security Number	Home Telephone		Referred by:	
Education				
High School Attended and Location		Number of Years Completed	Did you Graduate?	
			<input type="radio"/> Yes <input type="radio"/> No	
College Attended and Location		Number of Years Completed	Did you Graduate?	
			<input type="radio"/> Yes <input type="radio"/> No	
Trade, Business or Correspondence School Attended and Location		Number of Years Completed	Did you Graduate?	
			<input type="radio"/> Yes <input type="radio"/> No	
General				
Special Courses Training				
Experience/Skills Related to the Position for which you are applying.				
Office/Secretarial Applications				
Skill/Aptitude	Years of Experience	Words Per Minute	Software Used	
Typing				
Shorthand				
Word Processing				
List secretarial training courses completed and any other training which may be helpful in considering your application.				

Employment History (List Present or most recent positions first)			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Ending/Final Salary
Reason for Leaving			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Ending/Final Salary
Reason for Leaving			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Ending/Final Salary
Reason for Leaving			
Other Experience			
In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.			
Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Ending/Final Salary
Reason for Leaving			
References (Name and Phone Number)			

