



# Application for Employment

Application Date \_\_\_\_\_ Date Available \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

How did you learn of this position \_\_\_\_\_

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No Are you legally eligible to work in the United States?  Yes  No  
(proof of citizenship or immigration status will be required upon employment)

Address \_\_\_\_\_ Street/Box # \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you currently employed?  Yes  No Can you travel if a job requires it?  Yes  No  
 May we contact your employer?  Yes  No

Have you ever been convicted of, or entered a plea of guilty to, a felony?  Yes  No  
 Are you on the sex offender registry?  Yes  No  
 Are you on the Department of Human Services' child abuse registry?  Yes  No  
(If you answered yes to any question, attach additional sheet with date, charge, place and court).

## Education

Level	Name of School	Location	Semester Hours Earned	Degree (major/minor)	Date of Graduation
High School					
Post High School Technical Training					
Undergraduate College/University					
Graduate Work					

Special skills and qualifications acquired from employment or other experience \_\_\_\_\_

Educational Activities and Honors \_\_\_\_\_

Specialized Training, Apprenticeship, Skills \_\_\_\_\_

Check those that you have ability to perform or for which you have had experience/training.

- Keyboarding/Typing Speed \_\_\_\_\_  
 Computer       Data Entry       Cash Receipts  
 Filing/Organization       Directing Children       First Aid  
 Copy Machine       Accounting/Bookkeeping       Contacting the Public  
 Tax Reports       Payroll  
 Adding Machine/10 key Calculator

Summarize additional information to describe your full qualifications.

---

---

**Employment Experience**

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate a protected status. If you need additional space, please continue on a separate sheet of paper.

---

Employer	From	To	Salary
----------	------	----	--------

---

Address

---

Supervisor's Name	Phone
-------------------	-------

---

Full-Time Yes No If no, number of workdays each year if employed part time or less than 6 months

---

Job Title

---

Duties and Responsibilities

---

Reason for Leaving

---

---

Employer	From	To	Salary
----------	------	----	--------

---

Address

---

Supervisor's Name	Phone
-------------------	-------

---

Full-Time Yes No If no, number of workdays each year if employed part time or less than 6 months

---

Job Title

---

Duties and Responsibilities

---

Reason for Leaving

---

**References:** List two people not related to you who have definite knowledge of your qualifications for the position for which you are applying. ( Please list address, phone number and relationship for each).

---

---

Siouxland Human Investment Partnership does not discriminate on the basis of race, creed, color, religion, national origin, gender, age, marital status, sexual orientation, gender identity or disability in its educational programs, activities and employment practices. Questions or grievances related to this policy may be addressed to: Jim France 1520 Morningside Ave., Sioux City, IA 51106, 712-222.6364

Information provided to Siouxland Human Investment Partnership is accurate and complete to the best of my knowledge: Signature _____ Date _____
--