



ACHIEVE
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Application for Employment

PLEASE PRINT OR TYPE:

Position applying for: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Primary Phone: _____ Other Phone: _____

Email: _____ Date of Birth*: _____

How did you hear about us? _____

EDUCATION AND TRAINING

School	Name and Address of School	Course of Study	No. of Yrs. Completed	Did you Graduate?	Diploma/Degree
High School					
College/ University					
College/ University					
Other (Specify)					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes: _____ No: _____

If hired, can you present proof of your legal right to live and work in the USA? Yes: _____ No: _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes: _____ No: _____

If yes, state nature of crime(s), when and where convicted and disposition of the case:

If you are under final consideration for hire, may we contact your current or past employers? Yes: _____ No: _____

ADDITIONAL INFORMATION:

(Certificates, awards; professional, trade, or civic memberships, etc.)

*Denotes optional item

EMPLOYMENT EXPERIENCE

Please list all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. If you need additional space, please photocopy this page and continue.

Position: _____ Name of Employer: _____

Dates of Employment: From _____ To _____

Address: _____

Number	Street	City	State	Zip
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Your Supervisor's Name: _____ Telephone: _____

Your Duties: _____

Reason for Leaving: _____

Position: _____ Name of Employer: _____

Dates of Employment: From _____ To _____

Address: _____

Number	Street	City	State	Zip
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Your Supervisor's Name: _____ Telephone: _____

Your Duties: _____

Reason for Leaving: _____

Position: _____ Name of Employer: _____

Dates of Employment: From _____ To _____

Address: _____

Number	Street	City	State	Zip
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Your Supervisor's Name: _____ Telephone: _____

Your Duties: _____

Reason for Leaving: _____

Position: _____ Name of Employer: _____

Dates of Employment: From _____ To _____

Address: _____

Number	Street	City	State	Zip
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Your Supervisor's Name: _____ Telephone: _____

Your Duties: _____

Reason for Leaving: _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me above are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on the application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Signature: _____ Date: _____