



FOR OFFICE USE ONLY  
 RECOMMENDATION: HIRE / NO HIRE  
 START DATE \_\_\_\_\_  
 STARTING SALARY \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PHONE NUMBERS: WORK \_\_\_\_\_ CELL \_\_\_\_\_ HOME # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS (APT. NO.) CITY / STATE / ZIP

U.S. CITIZEN? YES/NO IF NO, DO YOU HAVE A LEGAL RIGHT AND DOCUMENTS TO WORK IN THE U.S. YES/NO

POSITION DESIRED \_\_\_\_\_ DATE AVAILABLE TO START \_\_\_\_\_

**DAYS/HOURS AVAILABLE**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS WITHIN PAST 5 YEARS? \_\_\_\_\_

IF YES, PLEASE DETAIL \_\_\_\_\_

ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE U.S. MILITARY? \_\_\_\_\_  
BRANCH

**EDUCATION**

<u>Name of School</u>	<u>Address, City, State</u>	<u>Year Attended</u>	<u>Degree / G.P.A</u>
High School			
College			
Graduate School			
Other			

Write a paragraph describing your strengths, weaknesses, and, if hired, how you would benefit Leader?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Complete on back, if necessary)

**WORK HISTORY:  
PLEASE LIST YOUR EMPLOYERS FROM LAST 10 YEARS**

CURRENT/LAST EMPLOYER _____		JOB TITLE _____
DATES OF EMPLOYMENT: FROM _____ / _____ / _____	TO _____ / _____ / _____	
EMPLOYER ADDRESS _____		_____
STREET ADDRESS (SUITE NO.)		CITY / STATE / ZIP
SUPERVISOR _____	TELEPHONE# _____	
NAME & TITLE		
REASON FOR LEAVING _____	SALARY _____	

PREVIOUS / EMPLOYER _____		JOB TITLE _____
DATES OF EMPLOYMENT: FROM _____ / _____ / _____	TO _____ / _____ / _____	
EMPLOYER ADDRESS _____		_____
STREET ADDRESS (SUITE NO.)		CITY / STATE / ZIP
SUPERVISOR _____	TELEPHONE# _____	
NAME & TITLE		
REASON FOR LEAVING _____	SALARY _____	

PREVIOUS / EMPLOYER _____		JOB TITLE _____
DATES OF EMPLOYMENT: FROM _____ / _____ / _____	TO _____ / _____ / _____	
EMPLOYER ADDRESS _____		_____
STREET ADDRESS (SUITE NO.)		CITY / STATE / ZIP
SUPERVISOR _____	TELEPHONE# _____	
NAME & TITLE		
REASON FOR LEAVING _____	SALARY _____	

PREVIOUS / EMPLOYER _____		JOB TITLE _____
DATES OF EMPLOYMENT: FROM _____ / _____ / _____	TO _____ / _____ / _____	
EMPLOYER ADDRESS _____		_____
STREET ADDRESS (SUITE NO.)		CITY / STATE / ZIP
SUPERVISOR _____	TELEPHONE# _____	
NAME & TITLE		
REASON FOR LEAVING _____	SALARY _____	

**REFERENCES: PLEASE LIST TWO PROFESSIONAL AND ONE PERSONAL**

_____	RELATIONSHIP _____	YEARS KNOWN _____
NAME / TITLE _____		
ADDRESS _____		
STREET ADDRESS (SUITE NO.) _____	CITY / STATE / ZIP _____	
DAYTIME PHONE _____	FAX _____	EMAIL _____

_____	RELATIONSHIP _____	YEARS KNOWN _____
NAME / TITLE _____		
ADDRESS _____		
STREET ADDRESS (SUITE NO.) _____	CITY / STATE / ZIP _____	
DAYTIME PHONE _____	FAX _____	EMAIL _____

_____	RELATIONSHIP _____	YEARS KNOWN _____
NAME / TITLE _____		
ADDRESS _____		
STREET ADDRESS (SUITE NO.) _____	CITY / STATE / ZIP _____	
DAYTIME PHONE _____	FAX _____	EMAIL _____

**APTITUDE**

HOW MUCH IS A 20% GRATUITY ON \$55.00? \_\_\_\_\_ HOW MUCH IS A 5% SERVICE FEE ON \$65.00? \_\_\_\_\_  
486×23= \_\_\_\_\_ 228+17+113= \_\_\_\_\_ 1296÷16= \_\_\_\_\_

**PLEASE RATE ABILITIES BELOW ON A SCALE FROM 1 TO 10**

**COMPUTER SKILLS:**

MICROSOFT® APPLICATIONS: WORD \_\_\_\_\_ POWERPOINT \_\_\_\_\_ EXCEL \_\_\_\_\_ OUTLOOK \_\_\_\_\_

TYPING \_\_\_\_\_ WPM 10-KEY \_\_\_\_\_

**OTHER SKILLS:**

CUSTOMER SERVICE \_\_\_\_\_ RESOURCEFULNESS \_\_\_\_\_ COMMON SENSE \_\_\_\_\_ PROMPTNESS \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that the information contained in this application is correct to the best of my knowledge and any misrepresentation is grounds for dismissal.

This application authorizes Leader to contact references, past and current employers, to conduct background checks, motor vehicle information and drug screening; such information may be used for an insurance dishonesty bond.

I understand that there will be a probationary period of 90 days at the beginning of my employment and that I will have to complete a confidentiality agreement with respect to this position.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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INITIAL IMPRESSIONS

INTERVIEW FEEDBACK FORM  
(Circle 1 lowest 5 highest)

†	EYE CONTACT	1	2	3	4	5
†	PERSONAL APPEARANCE	1	2	3	4	5
†	COMMUNICATION SKILLS	1	2	3	4	5
†	VERBAL					
†	NONVERBAL	1	2	3	4	5
†	APPROPRIATE BUSINESS ETIQUETTE	1	2	3	4	5
†	RESPONSE TO QUESTIONS	1	2	3	4	5
†	PREPARED FOR INTERVIEW	1	2	3	4	5
†	OVERALL IMPRESSION	1	2	3	4	5

Total \_\_\_\_\_

(28 min. pts.)