



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

Name of School	Address, City, State	Year Attended	Degree / G.P.A
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.)