

# CLASSROOM JOB APPLICATION

| PERSONAL INFORMATION                                     |                                    |   |                                  |
|--|------------------------------------|---|----------------------------------|
| NAME – Last  | First                              | Middle  | Social Security Number           |
| CURRENT ADDRESS (Number, Street, Apt.)                   |                                    |   |                                  |
| CITY, STATE, ZIP   |                                    |   |                                  |
| HOME PHONE   | WORK PHONE                         | WHAT IS THE BEST TIME TO CALL YOU AT HOME?                                    |                                  |
| ARE YOU UNDER 18 YEARS OF AGE?                           |                                    | If yes, you will be requested to submit state required work/age certificates. |                                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                                    |   |                                  |
| FOR WHICH POSITIONS ARE YOU APPLYING?                    |                                    |   |                                  |
| AVAILABILITY   |                                    |   |                                  |
| WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?                 |                                    |   | WHEN COULD YOU START EMPLOYMENT? |
| <input type="checkbox"/> FULL TIME                       | <input type="checkbox"/> PART TIME | <input type="checkbox"/> SEASONAL   |                                  |
| SPECIAL SKILLS   |                                    |   |                                  |
| MONEY SKILLS   | TIME SKILLS                        | OFFICE EQUIPMENT  |                                  |
| WHAT SPECIAL ABILITIES CAN YOU BRING TO THIS JOB?        |                                    |   |                                  |