

Sample Application

PRINT NAME	(LAST)		(FIRST)		(MIDDLE)					TELEPHONE NUMBER				
ADDRESS (1	NO. & STREET)			(CITY)	ITY)			STATE) (ZIP)						
DRIVER LICENSE	(optional)	SOCIAL SEC	(optio	nal)	WAGE EX				AFTER EMPLOYMENT, SUBMIT VERIFICATION JEGAL RIGHT TO WORK IN U.S.? YES NO					
POSITION DESIRED		CAN YOU PROVIDE PROOF O					AGE UPON EMPLOYMENT? YES NO							
OTHER POSITIONS I		I					DATE AVAILABLE							
WHAT HOURS, DAYS		LOCATION DESIRED				WILLING	TO RELOCAT	E? YES	NO					
OTHER LANGUAGES? SP						READ	WRIT	Έ						
OTHER QUALIFICATIONS OR INFORMATION YOU CONSIDER IMPORTANT, SUCH AS SPECIAL SKILLS, TOOLS YOU CAN USE, EQUIPMENT YOU CAN OPERATE THAT RELATES TO THE JOB YOU ARE APPLYING FOR:														
MILITARY														
BRANCH OF SERVIC	Έ		FROM		TO MILITA				Y OCCUPATION/RANK					
DO YOU HAVE ANY IF YES, PLEASE EXP		NDITION OR D	ISABILITY TH	IAT REQUIRI	ES ANY	Y ACCOMMC	DATION	S?						
REFERENCES (LIST	PERSONS NOT I	OM YOU HAV	YOU HAVE KNOWN FOR AT LEAST ONE YEAR)											
FULL NAME		C	OMPLETE AD	DRESS		TELEPHONE		OCCUPATIO	N			YEARS		
EDUCATION: HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO IF "NO," NUMBER OF YEARS COMPLETED LIST ALL COURSES YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED IN THAT REL ATE TO THE POSITION YOU ARE APPLYING FOR: ATTACH AN ADDITIONAL SHEET IF NECESSARY TO LIST ALL COURSES COMPLETED.														
POST HIGH SCHOOL NAME AND LOCATIO SCHOOLS ATTENDED	NAME AND LOCATION OF COLLEGES OR DATES ATTENDED C				MPLET S	ED QTR. UNITS	ED QTR. UNITS		CT (T COMPLETED IN		DEGREES OR CERTIFICATES RECEIVED		
	From To:													
EXPERIENCE: BEGIN W EXPERIENCE RELATED GROUP YOUR EXPERIE	TO THE JOB FOR	WHICH YOU AR	E APPLYING. PL	EASE LIST SEF	PARATE	LY THE JOB TI	TLE FOR	I IN THE LAST T EACH JOB ON W	TEN YEARS. A	LSO LI ST PAID C AVE BEEN EMPLO	R VOLU DYED. DO	NTEER D NOT		
GROUP YOUR EXPERIENCES. IF ADDITIONAL SPACE IS NEEDED, ATTACH A JOB TITLE (for each job use a separate section)					FROM: MO.		YR. TO:MO.		Total Worked Yrs. Mo.			Wage		
EMPLOYER				DUTIES				I						
EMPLOYER ADDRESS														
CITY		STATE												
REASON FOR LEAVING					Are You Employed By This Company Now? Yes No Number Supervised: If "Yes" May We Contact Your Employer? Yes No Supervisor's Name: Yes No									
JOB TITLE				FROM: 1	MO.	YR. TO:MO.		YR.	Total Worked Hrs Per Wk Yrs Mos.		Wage			
EMPLOYER										I				
EMPLOYER ADDRESS														
CITY	STATI	E		-1										
REASON FOR LEAVING					Are You Employed By This Company Now? Yes No If "Yes" May We Contact Your Employer? Yes No Supervisor's Name: Phone Number					No				
I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THIS COMPANY TO CHECK ANY SOURCE(S) NECESSARY TO DETERMINE THE ACCURACY OF STATEMENTS AND/OR INFORMATION PROVIDED. I UNDERSTAND ANY MISREPRESENTATION CAN RESULT IN IMMEDIATE TERMINATION.														
SIGNATURE									DATE					
								T:						

2211 H Street Bakersfield, CA 93301 | EmployersTrainingResource.com

Employers' Training Resource received \$5,627,541 in WIOA Youth funds for PY 2023-24 from the Department of Labor. \$2,043,895 of these funds were used to provide training and employment services to assist out-of-school youth.



Sample Application

PRINT NAME (LAST)		(MIDDLE)					TELEPHONE NUMBER						
ADDRESS (NO. & STREET					A. (STATE)					(661) 555-1212 (ZIP)			
2100 Main Street Bake DRIVER LICENSE (optional) SOCIAL SECURITY NO.					ıl)				93301 AFTER EMPLOYMENT, SUBMIT VERIFICATION				
D652412 858-12-XXXX or Provide								- OF YOUR LEGAL RIGHT TO WORK IN U.S.? (YES) NO DE PROOF OF AGE UPON EMPLOYMENT? (YES) NO					
POSITION DESIRED Cashier					E FROOF OF A								
OTHER POSITIONS FOR WHICH Y WHAT HOURS, DAYS, SHIFTS ARE	IEIK	erk				DATE AVAILABLE Aug. 14, 2022 WILLING TO RELOCATE? (YES NO							
4:00-9:00 PM Monday thru F	Sunday Bakersfield				WILLI	NG IO RELO	CALE! (IE)	NO					
OTHER LANGUAGES? Spanish	PEAK	EAK READ WRITE											
OTHER QUALIFICATIONS OR INFORMATION YOU CONSIDER IMPORTANT, SUCH AS SPECIAL SKILLS, TOOLS YOU CAN USE, EQUIPMENT YOU CAN OPERATE THAT RELATES TO THE JOB YOU ARE APPLYING FOR: Good customer service skills, able to operate a cash register / calculator, able to sweep and mop floors, use cleaners to clean surfaces and items, eager to work.													
MILITARY N/A													
BRANCH OF SERVICE N/A		from <mark>N/A</mark>			то	D N/A MILITARY		MILITARY C	CCUPATI				
DO YOU HAVE ANY PHYSICAL CONDITION OR DISABILITY THAT REQUIRES ANY ACCOMMODATIONS? No IF YES, PLEASE EXPLAIN:													
REFERENCES (LIST PERSONS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)													
FULL NAME	FULL NAME COMPLETE AI			ESS		TELEPHONE		OCCUPATION				YEARS	
Mr. Mario Sanchez	Mr. Mario Sanchez 500 School Way, Bakersfi				93301 (661)555-1255		Wood Shop Teacher at BHS				2		
Mr. Jim Sykes	Mr. Jim Sykes 1585 "A" S			Street, Bakersfield CA 93305			(661)555-5876 Supervisor						
EDUCATION: HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO IF "NO," NUMBER OF YEARS COMPLETED 11 LIST ALL COURSES YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED IN THAT REL ATE TO THE POSITION YOU ARE APPLYING FOR: ATTACH AN ADDITIONAL SHEET IF NECESSARY TO LIST ALL COURSES COMPLETED. 11 POST HIGH SCHOOL NAME AND LOCATION OF COLLEGES OR DATES ATTENDED CREDITS COMPLETED MAJOR SUBJECT UNITS DEGREES OR CREDITICATES SCHOOLS ATTENDED CREDITS COMPLETED MAJOR SUBJECT UNITS DEGREES OR CREDITICATES											FICATES		
				SEM. UNITS		QTR. UNITS	S OR COURS		E MAJOR N/A			RECEIVED	
N/A From Io: N/A N/A N/A N/A N/A EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB, THEN ALL JOBS HELD AND ANY PERIODS OF UNEMPLOYMENT IN THE LAST TEN YEARS. ALSO LI ST PAID OR VOLUNTEER EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. PLEASE LIST SEPARATELY THE JOB TITLE FOR EACH JOB ON WHICH YOU HAVE BEEN EMPLOYED. DO NOT GROUP YOUR EXPERIENCES. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SECOND SHEET TO YOUR APPLICATION.													
JOB TITLE (for each job use a separate section) Cashier					FROM: MO. 10 YR. 2011 TO:MO. 12 YR. 2011 Total Worked Yrs. Mo. 2 25								
EMPLOYER The Bakersfield Toy Store					DUTIES Assist customers with purchases, operate a cash register, bag items								
EMPLOYER ADDRESS 6989 Toy Avenue				for carry-out, locate products for customers, clean restrooms, sweep and mop floors, keep work area clean, remove trash when needed,									
CITY Bakersfield		an	d gather car	ts fror	n the parking	g lot.							
REASON FOR LEAVING Seasonal Work - Job Ended				Are You Employed By This Company Now? Yes No Number Supervised: If "Yes" May We Contact Your Employer? Yes No Number Supervised: Supervisor's Name: Mr, Bill Davis Phone Number (661)555-1111 0									
JOB TITLE Babysitter				FROM: MO 08 VR 2010 TO: MO NOW VR Total Worked Hrs Per Wk Wage								ge -	
EMPLOYER Mr. & Mrs. Sykes				DUTIES Take care of a 16 month old child. Change diapers, feed, play and read									
EMPLOYER ADDRESS 2105 Main Street					to b	aby.							
CITY Bakersfield STATE CA													
REASON FOR LEAVING Currently employed at various times.				Are You Employed By This Company Now? Yes No Number Supervisor If "Yes" May We Contact Your Employer? Yes No Number Supervisor Supervisor's Name: Mr. Jim Sykes Phone Number: (661)555-5876 0							nber ervised:		
I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THIS COMPANY TO CHECK ANY SOURCE(S) NECESSARY TO DETERMINE THE ACCURACY OF STATEMENTS AND/OR INFORMATION PROVIDED. I UNDERSTAND ANY MISREPRESENTATION CAN RESULT IN IMMEDIATE TERMINATION.													
SIGNATURE JOHN A. S	mith								DATE	May 26, 2	2021		
2211 H Street Bakersfield, CA 93301 EmployersTrainingResource.com													

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