



# Sample Application

PRINT NAME (LAST) (FIRST) (MIDDLE)			TELEPHONE NUMBER			
ADDRESS (NO. & STREET)		(CITY)		(STATE) (ZIP)		
DRIVER LICENSE (optional)	SOCIAL SECURITY NO. (optional)	WAGE EXPECTED	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN U.S.? YES NO			
POSITION DESIRED			CAN YOU PROVIDE PROOF OF AGE UPON EMPLOYMENT? YES NO			
OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED				DATE AVAILABLE		
WHAT HOURS, DAYS, SHIFTS ARE YOU WILLING TO WORK?			LOCATION DESIRED	WILLING TO RELOCATE? YES NO		
OTHER LANGUAGES?		SPEAK	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:						
MILITARY						
BRANCH OF SERVICE		FROM	TO	MILITARY OCCUPATION/RANK		
DO YOU HAVE ANY PHYSICAL CONDITION OR DISABILITY THAT REQUIRES ANY ACCOMMODATIONS? IF YES, PLEASE EXPLAIN:						
REFERENCES (LIST PERSONS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)						
FULL NAME	COMPLETE ADDRESS		TELEPHONE	OCCUPATION	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 RELATE TO THE POSITION YOU ARE APPLYING FOR: ATTACH AN ADDITIONAL SHEET IF NECESSARY TO LIST ALL COURSES COMPLETED.						
POST HIGH SCHOOL NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED SEM. UNITS	QTR. UNITS	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
	From To:					
EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB, THEN ALL JOBS HELD AND ANY PERIODS OF UNEMPLOYMENT IN THE LAST TEN YEARS. ALSO LIST 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)		FROM: MO. YR.	TO: MO. YR.	Total Worked Yrs. Mo.	Hrs A Wk	Wage
EMPLOYER		DUTIES				
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:				
JOB TITLE		FROM: MO. YR.	TO: MO. YR.	Total Worked Yrs. Mos.	Hrs Per Wk	Wage
EMPLOYER		DUTIES				
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:			Phone Number:	
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	

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) <b>Smith</b> (FIRST) <b>John</b> (MIDDLE) <b>A.</b>			TELEPHONE NUMBER <b>(661) 555-1212</b>			
ADDRESS (NO. & STREET) <b>2100 Main Street</b>		(CITY) <b>Bakersfield</b>		(STATE) <b>CA</b>	(ZIP) <b>93301</b>	
DRIVER LICENSE (optional) <b>D652412</b>	SOCIAL SECURITY NO. (optional) <b>858-12-XXXX or Provide Upon Hire</b>	WAGE EXPECTED <b>\$10.00 / Hour</b>	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN U.S.? <input checked="" type="radio"/> YES <input type="radio"/> NO			
POSITION DESIRED <b>Cashier</b>			CAN YOU PROVIDE PROOF OF AGE UPON EMPLOYMENT? <input checked="" type="radio"/> YES <input type="radio"/> NO			
OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED <b>Stock Clerk</b>				DATE AVAILABLE <b>Aug. 14, 2022</b>		
WHAT HOURS, DAYS, SHIFTS ARE YOU WILLING TO WORK? <b>4:00-9:00 PM Monday thru Friday and All day Saturday &amp; Sunday</b>			LOCATION DESIRED <b>Bakersfield</b>		WILLING TO RELOCATE? <input checked="" type="radio"/> YES <input type="radio"/> NO	
OTHER LANGUAGES? <b>Spanish</b> <input checked="" type="radio"/> SPEAK <input checked="" type="radio"/> READ <input type="radio"/> 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: <b>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.</b>						
MILITARY <b>N/A</b>						
BRANCH OF SERVICE <b>N/A</b>		FROM <b>N/A</b>	TO <b>N/A</b>	MILITARY OCCUPATION/RANK <b>N/A</b>		
DO YOU HAVE ANY PHYSICAL CONDITION OR DISABILITY THAT REQUIRES ANY ACCOMMODATIONS? <b>No</b> IF YES, PLEASE EXPLAIN:						
REFERENCES (LIST PERSONS NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)						
FULL NAME	COMPLETE ADDRESS	TELEPHONE	OCCUPATION	YEARS		
<b>Mr. Mario Sanchez</b>	<b>500 School Way, Bakersfield CA 93301</b>	<b>(661)555-1255</b>	<b>Wood Shop Teacher at BHS</b>	<b>2</b>		
<b>Mr. Jim Sykes</b>	<b>1585 "A" Street, Bakersfield CA 93305</b>	<b>(661)555-5876</b>	<b>Supervisor</b>	<b>10</b>		
EDUCATION: HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES <input type="radio"/> NO <input checked="" type="radio"/> IF "NO," NUMBER OF YEARS COMPLETED <u>11</u> LIST ALL COURSES YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED IN THAT RELATE TO THE POSITION YOU ARE APPLYING FOR: ATTACH AN ADDITIONAL SHEET IF NECESSARY TO LIST ALL COURSES COMPLETED.						
POST HIGH SCHOOL NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED SEM. UNITS	QTR. UNITS	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
<b>N/A</b>	From To:	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB, THEN ALL JOBS HELD AND ANY PERIODS OF UNEMPLOYMENT IN THE LAST TEN YEARS. ALSO LIST 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) <b>Cashier</b>		FROM: MO. <b>10</b> YR. <b>2011</b>	TO: MO. <b>12</b> YR. <b>2011</b>	Total Worked Yrs. Mo. <b>2</b>	Hrs A Wk <b>25</b>	Wage <b>\$8.00/ Hr</b>
EMPLOYER <b>The Bakersfield Toy Store</b>	DUTIES <b>Assist customers with purchases, operate a cash register, bag items for carry-out, locate products for customers, clean restrooms, sweep and mop floors, keep work area clean, remove trash when needed, and gather carts from the parking lot.</b>					
EMPLOYER ADDRESS <b>6989 Toy Avenue</b>						
CITY <b>Bakersfield</b> STATE <b>CA</b>						
REASON FOR LEAVING <b>Seasonal Work - Job Ended</b>	Are You Employed By This Company Now? Yes <input type="radio"/> No <input checked="" type="radio"/> If "Yes" May We Contact Your Employer? Yes <input checked="" type="radio"/> No <input type="radio"/> Supervisor's Name: <b>Mr. Bill Davis</b> Phone Number: <b>(661)555-1111</b>				Number Supervised: <b>0</b>	
JOB TITLE <b>Babysitter</b>		FROM: MO. <b>08</b> YR. <b>2010</b>	TO: MO. <b>Now</b> YR.	Total Worked Yrs. Mos. <b>2</b>	Hrs Per Wk <b>10-12</b>	Wage <b>\$8.00/ Hr</b>
EMPLOYER <b>Mr. &amp; Mrs. Sykes</b>	DUTIES <b>Take care of a 16 month old child. Change diapers, feed, play and read to baby.</b>					
EMPLOYER ADDRESS <b>2105 Main Street</b>						
CITY <b>Bakersfield</b> STATE <b>CA</b>						
REASON FOR LEAVING <b>Currently employed at various times.</b>	Are You Employed By This Company Now? Yes <input checked="" type="radio"/> No <input type="radio"/> If "Yes" May We Contact Your Employer? Yes <input checked="" type="radio"/> No <input type="radio"/> Supervisor's Name: <b>Mr. Jim Sykes</b> Phone Number: <b>(661)555-5876</b>				Number Supervised: <b>0</b>	
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 <b>John A. Smith</b>			DATE <b>May 26, 2021</b>			

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