San Juan Chapter

Employment Application: SYEP SUPERVISOR

Applicant Information

Full Name: _____ Date: _____
        Last   *First*   *M.I.*

Mailing Address: _____
                Mailing/Street Address   *Apartment/Unit #*

_____
               City   *State*   *ZIP Code*

Phone: _____ Email: _____

Census #: _____ Are you a registered voter with San Juan Chapter? _____

Date Available: _____ Social Security #: _____ Date of Birth: _____

                                        YES   NO

Have you ever worked for San Juan Chapter? ☐   ☐   If yes, when? _____

Education

High School: _____ Address: _____
                                        YES   NO

From: _____ To: _____ Did you graduate? ☐   ☐   Diploma: _____

College/ University: _____ Address: _____
                                        YES   NO

From: _____ To: _____ Did you graduate? ☐   ☐   Degree: _____

Other: _____ Address: _____
                                        YES   NO

From: _____ To: _____ Did you graduate? ☐   ☐   Degree: _____

References

Please list three references who <u>are not related</u> to you:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Revised: 06-30-20

Full Name: _____   Relationship: _____

Company: _____   Phone: _____

Address: _____

Previous Employment

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____   Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____   Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____   Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Military Service

Branch: _____   From: _____   To: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____   Date: _____

Revised: 06-30-20

Application Checklist:

Public Employment Program

1. ____Completed Application
2. ____Driver's License
3. ____Social Security Card
4. ____CIB
5. ____Cover Letter

****Incomplete Applications will NOT be accepted*

Revised: 06-30-20