



San Juan Chapter

Employment Application:

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: _____

Have you ever worked for San Juan Chapter? ☐ YES ☐ NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College/ University: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

References

Please list three references who are not related to you:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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: _____

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***