

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Other Names Used:			
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for:			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Rate your experience with the following software programs: 1, most basic to 10 advanced	MS WORD _____	MS EXCEL _____	ADOBE ACROBAT _____
EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
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Job Title

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
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Job Title

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
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If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that Braille Works may, at its option, perform drug screening for pre-employment, probable cause, post-accident and periodic testing and that employment will be contingent on a background check conducted to Federal Government standards.

Signature	Date
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