

# PERSONAL INFORMATION SHEET

**Directions:** The information below will be used to fill out job applications, creating resumes, and preparing cover letters. Please fill out this sheet as completely and accurately as possible.



APPLICANT INFORMATION			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No. <i>* Does not need to be included on this form, but should be memorized.</i>			
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 so, when?

EDUCATION			
High School			
From	To	Address	
City/State	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree			
College/Technical School			
From	To	Address	
City/State	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree			
Career/coursework			

ACHIEVEMENTS/AWARDS/HONORS/ORGANIZATIONS
<i>Please list any achievements you have received and/or organizations and activities that you have participated in.</i>

**PREVIOUS EMPLOYMENT** *(LIST YOUR MOST CURRENT JOB EXPERIENCE FIRST)*

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

**VOLUNTEER/COMMUNITY EXPERIENCE(S)**

Organization	From	To
Address		
What did you do there?		
Organization	From	To
Address		
What did you do there?		

**REFERENCES**

*Please list three professional references, not related to you, who have known you for more than one year.*

Full Name

Company

Relationship

Address

Phone (     )

Full Name

Company

Relationship

Address

Phone (     )

Full Name

Company

Relationship

Address

Phone (     )

**ADDITIONAL QUESTIONS:**

*1. Do you have a valid driver's license?*

*2. Do you have any physical limitations for work?*

*3. Do you have any hobbies or special skills? (Please list below)*

*4. Emergency Contact Information (Name, Address, Phone, Relationship)*