



Employment Application

Please complete all questions and place your responses in the shaded areas:

Personal Information:

1. Last Name		2. First Name		3. MI	4. Date of Birth	
5. Street Address			6. City		7. State	8. Zip
9. Home Phone		10. Work Phone		11. E-mail Address		
Marital Status (x)	Single	12.	Married	13.	# of Dependents	14.
Drivers License	15. Y/N	Permit	16. Y/N	Daily use of a car	17. Y/N	Access to Public Transportation
						18. Y/N

Educational History:

Institution(s) Attended	Dates of Attendance		Type of Diploma or Degree Received (if any) (attach photocopy of college/ university transcript or photocopy of high school diploma/GED)
	From:	To:	
19.	20.	21.	22.
23.	24.	25.	26.
27.	28.	29.	30.
31.	32.	33.	34.

Courses in Professional Education Completed (only list those courses required under Section 126.6 of Commissioner's Regulations)

Name of Institution or School Association at which Course Was Completed	Course Title	Date Completed
35.	36.	37.
38.	39.	40.
41.	42.	43.

Employment History:

Name of Employer	Dates of Employment		Title/ Duties
	From (Mo./Yr.)	To (Mo./ Yr.)	
44.	45.		46.
47.	48.		49.
50.	51.		52.

Employment Choice:

Place an (X) in your preferred position of employment.

Building Maintenance Instructor	53.	OSHA 10 or OSHA 30 Instructor	54.
Certified Fiber Optic Instructor	55.	Photocopier/Office Machine Instructor	56.
Certified Premises Cable Instructor	57.	Plumber's Helper Instructor	58.
Electrician's Helper Instructor	59.	Telecommunications Instructor	60.
Supported Scaffolding Instructor	61.	Other Instructor (Write in)	62.
Flagging Instructor	63.	Admissions Representative	64.
Administrative/Accounting	65.	Administration/Management	66.
Job Development/Placement	67.	Other (Write in)	68.

Work Schedule:

Full time / Part time	69.	Weekdays M-F 8:30 am to 5:00pm	70.
Weeknights M-Th 6:00pm to 10:00pm	71.	Weekends Sat, sun 9:00am to 4:00pm	72.
Other	73.		74.

Personal Skills Assessment:

To assist us with your skills assessment, please fill out any appropriate sections by indicating the length of time in months/years that you have worked, trained, or have personal experience:

Autobody/Mechanic	75.	Painting	76.
Carpentry	77.	Plumbing	78.
Computers	79.	Printing	80.
Electrical/Electronics	81.	Retail Sales	82.
Equipment Operator	83.	Service Technician	84.
Machinist	85.	Telecommunications Technician	86.
Masonry	87.	Truck Driver/CDL	88.
Medical	89.	Typist/Filing	90.
Other	91.	Other	92.

Career Objectives:

What are your career Goals and Objectives?
93.
What type of work do you hope to be doing 5 years from now?
94.
What type of work do you consider yourself best qualified for?
95.
Do you have plans to continue your education?
96.
What additional skills do you possess not previously listed in this application?
97.
Comments or Questions?
98.

Please fill out the application in its entirety, partially completed applications will not be considered. Please do not reference your resume.

For Office Use Only

Interviewers Comments:

Position:

Schedule desired:

Salary Desired:

Availability for work date?

Accepted for (Circle One) BM CFOT CPCT EH OSHA10 PHT PLM TTL

Rejected:

Reasoning

File name - C:/.....QBI0096-2018 Employment_Application