

**Job Application Form**

**Membership Services Coordinator**

**PERSONAL INFORMATION:**

First Name:

Last Name:

Address:

City/State/Zip:

Phone Number:

Email Address:

Do you have transportation?

Are you over the age of 18?

Do you have proof of citizenship/authorization to accept employment?

Have you been convicted of a felony in the last 5 years?

 If yes, what charges?

Have you been convicted of a misdemeanor in the last 5 years?

 If yes, what charges?

**POSITION AND AVAILABILITY:**

Desired Salary:

Available Start Date:

**EDUCATION AND EXPERIENCE:**

High School:

City/State:

Did you graduate?

Degree/diploma earned:

College/University:

City/State:

Number of Years Completed:

Did you graduate?

Degree earned:

Military Experience:

Branch:

Rank:

Total Years in Service:

Skills/duties:

Skills and qualifications:

Do you speak a foreign language?

Which Language?

How would you gauge your proficiency?

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

How did you hear about this position?

**EMPLOYMENT HISTORY:**

Current Employment:

Name of Employer:

Name of Supervisor:

Phone Number:

Address:

City/State/Zip:

Dates of Employment

Salary/hourly rate of pay:

Position and duties:

Reason for Leaving:

May We Contact for References?

Former Employment:

Name of Employer:

Name of Supervisor:

Phone Number:

Address:

City/State/Zip:

Dates of Employment

Salary/hourly rate of pay:

Position and duties:

Reason for Leaving:

May We Contact for References?

Name of Employer:

Name of Supervisor:

Phone Number:

Address:

City/State/Zip:

Dates of Employment

Salary/hourly rate of pay:

Position and duties:

Reason for Leaving:

May We Contact for References?

Name of Employer:

Name of Supervisor:

Phone Number:

Address:

City/State/Zip:

Dates of Employment

Salary/hourly rate of pay:

Position and duties:

Reason for Leaving:

May We Contact for References?

**REFERENCES:** List three people who can provide feedback on your professional performance over the last four years.

First and Last Name:

Phone Number:

Occupation:

Number of Years You Have Known This Individual:

Relationship to Individual:

First and Last Name:

Phone Number:

Occupation:

Number of Years You Have Known This Individual:

Relationship to Individual:

First and Last Name:

Phone Number:

Occupation:

Number of Years You Have Known This Individual:

Relationship to Individual:

Upon submission of this application, please submit a current resume.

**I certify that the information provided in this application is true and complete. I acknowledge that false information is grounds for not hiring me or immediate termination. I authorize the verification of any information listed above.** **If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.**

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Signature Date