

2020 Welcome Center Job Application

Center Location: _____ **Position Desired (circle):** Supervisor/Travel Counselor

Number of days per week you wish to work (circle): 4 3 2 substitute

Last Name/First Name: _____

Mailing Address: _____ Phone: (____) _____
(Box #, Street, Apt., City, State, Zip)

Permanent Address: _____ Cell Phone: (____) _____
(Box #, Street, Apt., City, State, Zip)

Email Address: _____

T-Shirt Size: S M L XL 2XL 3XL 4XL

Please circle either yes (Y) or no (N) for the following questions:

Are you under 18? (Y / N) Do you have the legal right to live and work in the United States? (Y / N)

Do you have a valid driver's license? (Y / N) Driver's license number: _____

Earliest date you can begin work (mo/day): _____ through last working day (mo/day): _____

Education/Training:

Circle the last year of education completed: (For high school diploma or GED, circle 12.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Degrees, coursework, or other relevant education/training, including major & minor:

List names and phone numbers of two references:

Describe your interest in the job you are applying for:

Describe what makes you qualified for the job you are applying for:

List all past employment or volunteer work experience you feel may add to your qualifications for this job. (Attach additional pages as necessary.)

A. Job title: _____ Dates employed: From (mo/yr) _____ To (mo/yr) _____
Employer: _____ Hours worked per week: _____
City: _____ State: _____ Phone number: _____
Reason for leaving: _____
Supervisor's name: _____
Equipment/machines used: _____
Description of duties: _____

B. Job title: _____ Dates employed: From (mo/yr) _____ To (mo/yr) _____
Employer: _____ Hours worked per week: _____
City: _____ State: _____ Phone number: _____
Reason for leaving: _____
Supervisor's name: _____
Equipment/machines used: _____
Description of duties: _____

C. Job title: _____ Dates employed: From (mo/yr) _____ To (mo/yr) _____
Employer: _____ Hours worked per week: _____
City: _____ State: _____ Phone number: _____
Reason for leaving: _____
Supervisor's name: _____
Equipment/machines used: _____
Description of duties: _____

Signature: _____ Date: _____

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief.
The disclosure of your Social Security Number is voluntary.

Equal Opportunity Employer