

# 2023 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)

Email Address: \_\_\_\_\_

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:

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List names and phone numbers of two references:

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Describe your interest in the job you are applying for:

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

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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**