



## Employment Application

Please complete this application in its entirety.

### PERSONAL

Title \_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ First Name \_\_\_\_\_  
 Birth date (mm/dd/yy) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Telephone \_\_\_\_\_

If you have applied to Generation X-cel™ before under a different name, please indicate that name here.

\_\_\_\_\_

### ACADEMIC OR WORK STATUS (SELECT ONE)

- |   |   |
|---|---|
| <input type="checkbox"/> In school full-time<br><input type="checkbox"/> In school part-time<br><input type="checkbox"/> In post-doc or fellowship program<br><input type="checkbox"/> Graduated – working less than 1 year | <input type="checkbox"/> Graduated – working 1 to 2 years<br><input type="checkbox"/> Graduated – working 2 to 5 years<br><input type="checkbox"/> Graduated – working 5 to 10 years<br><input type="checkbox"/> Graduated – working more than 10 years |
|---|---|

### DEGREE PURSUING, OR HIGHEST DEGREE OBTAINED (SELECT ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> GED / High School<br><input type="checkbox"/> Associates<br><input type="checkbox"/> Bachelors<br><input type="checkbox"/> Masters | <input type="checkbox"/> J.D./M.B.A.<br><input type="checkbox"/> Ph.D./M.D.<br><input type="checkbox"/> Post Ph.D. |
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### FOR WHAT POSITION ARE YOU APPLYING? (SELECT ONE)

- |  |   |
|--|---|
| <input type="checkbox"/> Volunteer<br><input type="checkbox"/> tutor<br><input type="checkbox"/> administration<br><input type="checkbox"/> construction<br><input type="checkbox"/> maintenance<br><input type="checkbox"/> coaching<br><input type="checkbox"/> special activities<br><input type="checkbox"/> computers<br><input type="checkbox"/> Intern<br><input type="checkbox"/> Peer Counselor | <input type="checkbox"/> Administrative Assistant<br><input type="checkbox"/> Porter<br><input type="checkbox"/> Management<br><input type="checkbox"/> Program Director<br><input type="checkbox"/> Program Administrator<br><input type="checkbox"/> Assistant Director/Administrator<br><input type="checkbox"/> Accounting<br><input type="checkbox"/> Marketing<br><input type="checkbox"/> IT |
|--|---|

Are you attaching a resume? Yes/No \_\_\_\_\_

### EMPLOYMENT HISTORY

COMPANY NAME	CITY/STATE	SUPERVISOR	POSITION	DATES

**EDUCATIONAL HISTORY**

SCHOOL NAME	CITY/STATE	DEGREE / MAJOR	DATES	G.P.A.

Please list any awards, honors, or professional licenses you have received.

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Please list any special skills you have (foreign languages, computers, voice, dance, athletics, CPR, etc.)

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Why do you want to work at Generation X-cel™? (Feel free to attach additional information if necessary)

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Do you have a criminal record? Yes/No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

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Do you have any additional background information not adequately covered in this application?

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**PLEASE LIST THREE REFERENCES.**

NAME / ORGANIZATION	RELATION	YEARS KNOWN	PHONE NUMBER

**AUTHORIZATION**

**I certify that all of the information contained in this application is true and authorize Community Solutions, Inc. and Generation X-cel™ to conduct whatever background checks are necessary and allowable under the law to verify the truth of my statements contained herein.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_