Employment Application

TEARS Teens Empowerment Awareness with ResolutionS, Inc.

Date_____

Social Security Number_____

Name_____
Last First Middle Initial

Permanent_____
Street City

Address_____
State (zip) County

Home# ( ) Phone_____ Alternate # ( )_____

EDUCATION

Check the highest level of education attained:
Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 11 12

Please Circle all that apply:

High School graduate	GED
Less than two years of college	Bachelor's Degree
Two or more years of college	Master's degree
Other training or education	Licenses and certificates held

Schools Attended	Location		
High School:		Graduate: Yes or No	If Yes, Graduate Date:
College:		Degree: Major: _____ Minor: _____	Year Graduate:
College:		Degree: Major: _____ Minor: _____	Year Graduate:

EMPLOYMENT HISTORY

Employer	Location	Position/Title	Dates Employed	Reason for Leaving

References: Please list two

1.) Name: _____ Address : _____ Phone Number: _____

2.) Name: _____ Address : _____ Phone Number: _____