

Information to Complete an Application Form

Name:

ID #:

For Your Portfolio: Complete this form.

You will be required to complete applications for a variety of purposes, such as when you apply for a job, want entrance into a post-secondary school, are seeking a scholarship award or financial assistance, or enlist in the military. The application is an important reflection of you and is your opportunity to make a good first impression.

If you are applying for a job, you may be required in some instances to complete a job application and submit it with your resume. In other situations, you will not be asked to complete the application until after your resume has been screened and you have been called in for your first interview.

If you are applying for admission to the military or a school, financial aid, or for a scholarship, your application form will be submitted as part of your application package.

Applications **MUST BE COMPLETE, ACCURATE, NEAT, TRUTHFUL, and SIGNED.** Use this portion of your portfolio to keep all the records and information you will need to complete an application form. Keep a neat copy of this form in your portfolio. (You may want to take this form with you when you need to complete an application form.) Also take your resume that may contain information required on an application form. Be prepared with the following information:

Social Security Number (Take with you to complete the application)

Valid Driver's License Number (Take with you to complete the application)

Insurance Documentation Vehicle: (Take with you to complete the application)

Medical: (Take with you to complete the application)

Education Information:
Test Scores (If Applicable)
(SAT, ACT, ASVAB, GPA etc)

Names and addresses of all schools
(high schools, vocational schools,
community colleges, universities.)
Include diplomas, degrees, and/or
certificates. Also include course(s)
or study (general studies, college
prep, business education, welding,
etc.)

School:

Address:

Course of Study/ Major

City, State, Zip

City, State, Zip

Application Form Continued

Name:

Former employers (include all
volunteer work, cooperative work
experience, or practical experience)

Employer:

Address:

Phone

Position/ Salary

City, State, Zip

City, State, Zip

City, State, Zip

References (names, addresses,
phone numbers, and e-mail)

Name:

Street Address:

Phone Number:

City, State, Zip

E-mail

City, State, Zip

E-mail

City, State, Zip

E-mail

Veteran Information

Special Licenses/Certificates

License/Certification:

Number:

Date(s)

Granting Agency/ Institution

