

Job Application for Gentle Breeze, LLC

PERSONAL INFORMATION:

First Name	MI	Last Name
Address		Today's Date
City	State	Zip Code
Home Phone		Mobile Phone
Email		
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____ _____		

POSITION & AVAILABILITY: Mark all days you are available to work.

Position applied for: _____

<input type="checkbox"/> Monday	From:	To:		<input type="checkbox"/> Friday	From:	To:
<input type="checkbox"/> Tuesday	From:	To:		<input type="checkbox"/> Saturday	From:	To:
<input type="checkbox"/> Wednesday	From:	To:		<input type="checkbox"/> Sunday	From:	To:
<input type="checkbox"/> Thursday	From:	To:				

EDUCATION:

Last School Attended	Name of School	Qualification Obtained	Major & Specialization	Year Completed
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Other				
Counselors	NPI #:		License #:	

EMPLOYMENT HISTORY: Please provide history for at least five (5) years.

Current or Last Position		
Position Title:	Start Date:	End Date:
Employer (Company Name):	Supervisor:	
Phone:	Email:	
Tasks/Responsibilities/Achievements: _____		
Salary:	Reason for Leaving:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Position		
Position Title:	Start Date:	End Date:
Employer (Company Name):	Supervisor:	
Phone:	Email:	
Tasks/Responsibilities/Achievements: _____		
Salary:	Reason for Leaving:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Position		
Position Title:	Start Date:	End Date:
Employer (Company Name):	Supervisor:	
Phone:	Email:	
Tasks/Responsibilities/Achievements: _____		
Salary:	Reason for Leaving:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER SKILLS AND QUALIFICATIONS: (Licenses, Special Skills, Training, Awards, etc.)

REFERENCES: Please provide three references below from people who are not directly related (family) to you.

Work Reference			
Name		Occupation	
Company Name		Relationship	
Telephone	Email		Years Acquainted
Academic Reference			
Name		Occupation	
Company Name		Relationship	
Telephone	Email		Years Acquainted
Personal Reference			
Name		Occupation	
Company Name		Relationship	
Telephone	Email		Years Acquainted

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____