

## Personal Data Form

Name							
Mailing Address							
Telephone				Alternate Phone			
Email				Social Security Number			
<b>Employment Desired</b>							
Position Title:							
Days/hours available to work: Complete all that apply.							
I have no preference <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:
I am seeking a summer position:							
Weekends:	Part Time:	Full Time:	Part Time or Full Time:				
<b>Education</b>							
Name of High School:							
School Address:	Years Completed: 1      2      3      4	Did You Graduate?: Yes_____ No_____	Expected Date of Graduation:				
Name of High School:							
School Address:	Years Completed: 1      2      3      4	Did You Graduate?: Yes_____ No_____	Expected Date of Graduation:				
<b>Employment History (list current or most recent employment first)</b>							
<b>Employer, (Name/ of Company/Organization)</b>							
Address							
Dates Employed	From: Month/Year	To: Month/Year					
Job Title/Major Responsibilities/Skills, Knowledge and Abilities							
Supervisor/Leader			Contact? Yes No			Phone	
Reason for Leaving					Ending Salary		

<b>Employer , ( Name of Company/Organization)</b>		
Address	From: Month/Year	To: Month/Year
Job Title/Major Responsibilities/Skills, Knowledge and Abilities		
Supervisor/Leader	Contact? Yes No	Phone
Reason for Leaving	Ending Salary	

**Volunteer History**

<b>Volunteer Activity/Organization Name</b>		
Dates Volunteered	From: Month/Year	To: Month/Year
List Responsibilities:		
Supervisor/Leader	Contact? Yes No	Phone

<b>Volunteer Activity/Organization Name</b>		
Dates Volunteered	From: Month/Year	To: Month/Year
List Responsibilities:		
Supervisor/Leader	Contact? Yes No	Phone

<b>Volunteer Activity/Organization Name</b>		
Dates Volunteered	From: Month/Year	To: Month/Year
List Responsibilities:		
Supervisor/Leader	Contact? Yes No	Phone

**Other skills, knowledge, and abilities not listed above, acquired through hobbies or interests. Include other languages spoken.**

<b>References</b>		
1. Name	Relationship	Phone/email
2. Name	Relationship	Phone/email
3. Name	Relationship	Phone/email