

BurnsSearch, LLC

An Equal Opportunity Employer

Number of attachments _____
Position number _____

Application for Employment

Employees of the BurnsSearch, LLC and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Job No. _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Phone () _____

9. **EDUCATION**

a. Check highest grade completed 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school education 1 2 3 4 5 6 7

8. E-mail Address _____

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____ Duties: _____
Employer _____
Address _____
Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised

Salary (start) _____ (finish) _____ 1. _____

Dates (mo/yr) _____ to (mo/yr) _____ 2. _____

Full-time _____ Part-time _____ Hours/wee _____ 3. _____

Reason for leaving _____

b. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised

1. _____

Salary (start) _____ (finish) 2. _____ 2. _____

Dates (mo/yr) _____ to (mo/yr) 3. _____ 3. _____

Full-time _____ Part-time _____ Hours/wee _____ Reason for leaving _____

c. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised

1. _____

Salary (start) _____ (finish) _____ 2. _____

Dates (mo/yr) _____ to (mo/yr) _____ 3. _____

Full-time _____ Part-time _____ Hours/week _____ Reason for leaving _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____

Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____
_____	_____	_____

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

