

SOAR *for Youth*

Support, Opportunities, and Rapport

Independent Contractor Application

11. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

12. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? ___ Yes ___ No

If yes, degree received (what, when): _____

High School/CED Name and Address

Did you receive a degree? ___ Yes ___ No

If yes, degree received:

Employment Application

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

13. References

List three people (one needs to be your direct supervisor) who would be willing to provide a reference for you.

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

14. Please provide any other information that you believe should be considered:

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if **volunteering** commences, immediate termination. I authorize SOAR for Youth to verify the information provided on this application. I authorize my former employers, educational organizations, and those persons designated as references to fully and freely communicate information regarding my previous employment, education, and ethics.

Applicant Signature _____ Date _____