

**ReTRAIN Application**

Full Name:				Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>	
Address:							
<i>Street Address</i>					<i>Apartment/Unit #</i>		
<i>City</i>					<i>State</i>		<i>ZIP Code</i>
Phone:	( )			E-mail Address:			
Program Applied for:							
How did you hear about the Program: Agency name, caseworker, poster. School, DOL ,TV, other							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of or plead no contest to a felony or misdemeanor in the last five years (please see back)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:			
Are you currently on probation or parole (please see back)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: List P.O.			
Do you authorize the release of your driving records for examination (please see back)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	License State and Number:			

**Education**

High School:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

**References**

*Please list three professional references.*

Full Name:		Relationship:					
Company:			Phone:		( )		
Address:							
Full Name:		Relationship:					
Company:			Phone:		( )		
Address:							
Full Name:		Relationship:					
Company:			Phone:		( )		
Address:							

### Previous Employment

Employer:				Phone: (    )		
Address:				Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer:				Phone: (    )		
Address:				Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer:				Phone: (    )		
Address:				Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$		
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name, Address and Phone of Present Employer (if not previously listed):						
Have you ever worked or been ReSOURCE training program before?			YES	NO	If so, what position/ program:	
Please include any additional information you feel may be helpful to us in considering your application:						

### Disclaimer and Signature

*A conviction will not necessarily be a bar to employment at ReSOURCE. Factors such as time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. ReSOURCE reserves the right to conduct further pre and post employment investigations which may include a review of criminal and motor vehicle records.*

*I certify that 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 if I am hired. I authorize the verification of any or all information listed above.*

Signature:				Date:		
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**ReSOURCE is an Equal Opportunity Employer.**