**Alee Services**

 **Application Form**



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| **PLEASE PRINT ALL****INFORMATION REQUESTED****EXCEPT SIGNATURE** |

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**APPLICATION FOR EMPLOYMENT**

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| DO YOU HAVE A DRIVER’S LICENSE? \_\_ Yes \_\_ NoWhat is your means of transportation to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s licensenumber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_ \_\_ Operator \_\_ Commercial (CDL) \_\_ Chauffeur Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you had any accidents during the past three years? How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you had any moving violations during the past three years? How Many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ YesTyping \_\_ No \_\_\_\_\_ WPMPersonal \_\_ Yes \_\_ PC Computer \_\_ No \_\_ Mac  | **OFFICE ONLY** |  Word \_\_ Yes Processing \_\_ No \_\_\_\_\_ WPM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ Yes10-key \_\_ NoOther Skills  |
| Please list two references other than relatives or previous employers.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone ( ) Telephone ( )  |
|
| How many years of experience do you have working with people with disabilities?Do you have a vehicle that you can legally transport clients in? yes or no Alee Services does reimburse mileage while the client is in the vehicle with you.Can you lift over 30lbs? yes or noCan bend to the floor and pick up 15 lbs? yes or noCan you climb a ladder? Yes or noCan you stand for two hours? Yes or noAn application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |
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**APPLICATION FOR EMPLOYMENT**

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| HAVE YOU EVER BEEN IN THE ARMED FORCES?ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MILITARY | \_\_ No\_\_ Yes \_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ Yes Date Entered  |
| **Work****Experience** | Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** |
| Name of employer AddressCity, State, Zip CodePhone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| Name of employer AddressCity, State, Zip CodePhone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your Last Job Title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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| Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |

# May we contact your present employer? \_\_ Yes \_\_ No

# Did you complete this application yourself \_\_ Yes \_\_ No

# If not, who did? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign your name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*if this is an online application please type your name here: