



## EMPLOYMENT APPLICATION

Complete the application online from the FBLA-PBL Web site. Use the tab key to move through the document.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Cell Phone ( ) -
E-mail Address			

### POSITION

Position or Type of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time  Date Available
Have you ever been employed at the Merit Corporation before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Desired	

### EDUCATION AND TRAINING

School or Institution	Name and Address of School	Major	Year Graduated	Degree
High School				
College				
College				
Other				
Special Abilities and Skills		Professional Certificates or Licenses Held		
Extracurricular Activities		Present Community and Professional Affiliations		
Languages Read, Written or Spoken Fluently Other Than English				

### REFERENCES

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position(s) you seek other than those listed in your credential file.

Name	Position	Address	Telephone

AN EQUAL OPPORTUNITY EMPLOYER



**WORK EXPERIENCE—Most recent first, include voluntary work and military experience**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
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Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_