

THE GOODIS CENTER FOR RESEARCH AND REFORM, INC.

Application for Employment, Fellowship, Internship, and Volunteer Positions



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary/Wage	
Position Applied for					
- Please note: Apprenticeship, Fellowship, and Internship applicants should attach research interests and a research proposal to this application.					
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 ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Desired Commitment (Hours and Flexibility)					

EDUCATION AND TRAINING

Do you have additional education and training that does not fit into the spaces provided below?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
- If yes, please indicate where we can view your additional education and training:						
High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Specialization						
College		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Specialization						
Other		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Specialization						

ADDITIONAL QUALIFICATIONS AND EXPERIENCE

In the space provided, please indicate your additional qualifications and experience, such as knowledge of foreign language(s), software literacy, special certifications, skills, accomplishments, awards, honors, relevant non-professional experience, etc.

Applicant Name (Last, First) _____ Date of Application _____

REFERENCES

Please list three references of people who are not your relatives or cohabitants. (Professional, Academic, and Personal references recommended.)

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

PREVIOUS EMPLOYMENT

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

