



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for Southern AIDS Coalition? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

(Felony conviction does not automatically disqualify an applicant from consideration)

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Grad: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  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 (Resume Supplement)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Skills and Experience Summary (check all that apply)

Skill	#Years	Job(s) on Resume (Use a number with most recent job being number 1, most previous being 2, etc.)	Skill	#Years	Job(s) on Resume (Use a number with most recent job being number 1, most previous being 2, etc.)
<input type="checkbox"/> Administrative Asst.			<input type="checkbox"/> Health Policy		
<input type="checkbox"/> Budget Monitoring			<input type="checkbox"/> Social Justice		
<input type="checkbox"/> Budget Formation			<input type="checkbox"/> Organize Community		
<input type="checkbox"/> Human Resources			<input type="checkbox"/> Health Advocacy		
<input type="checkbox"/> Agency Admin.			<input type="checkbox"/> Consumer Support		
<input type="checkbox"/> Development			<input type="checkbox"/> Prevention Planning		
<input type="checkbox"/> Accounting			<input type="checkbox"/> Ryan White Planning		
<input type="checkbox"/> Grant Writing			<input type="checkbox"/> Social Work		
<input type="checkbox"/> Legal			<input type="checkbox"/> Case Management		
<input type="checkbox"/> Board Development			<input type="checkbox"/> Outreach		
<input type="checkbox"/> Non-Profit Mgmt.			<input type="checkbox"/> HIV Treatment		
<input type="checkbox"/> Foundation Relations			<input type="checkbox"/> HIV Prevention		
<input type="checkbox"/> Govt. Relations			<input type="checkbox"/> HIV Testing		
<input type="checkbox"/> Member Services			<input type="checkbox"/> PrEP		
<input type="checkbox"/> Social Media			<input type="checkbox"/> Grant Monitoring		
<input type="checkbox"/> Public Relations			<input type="checkbox"/> Program Coordination		
<input type="checkbox"/> Graphic Design			<input type="checkbox"/> Program Creation		
<input type="checkbox"/> Health Marketing			<input type="checkbox"/> TA Assessment		
<input type="checkbox"/> Trans* Advo.			<input type="checkbox"/> TA with Agencies		
<input type="checkbox"/> Native Advo.			<input type="checkbox"/> Report Writing		
<input type="checkbox"/> Women's Health			<input type="checkbox"/> Coordinate Conference		
<input type="checkbox"/> Latino Health			<input type="checkbox"/> Health Training		
<input type="checkbox"/> Af-Am Health			<input type="checkbox"/> Develop Curriculum		
<input type="checkbox"/> Rural Health Advo.			<input type="checkbox"/> Internet Training		
<input type="checkbox"/> Anti-Poverty Advo.			<input type="checkbox"/> Public Speaking		
<input type="checkbox"/> LGBT Advo.			<input type="checkbox"/> Health Research		
<input type="checkbox"/> Health Disparities			<input type="checkbox"/> Data Management		
<input type="checkbox"/> Social Determinants			<input type="checkbox"/> Staff Supervision		

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_