

# Y O L O

## Y O U O N L Y L I V E O N C E

NAME – FIRST		MIDDLE	LAST	HOME TELEPHONE NO. ( ) -	
MAILING ADDRESS				WORK TELEPHONE NO. ( ) -	
CITY	STATE		ZIP CODE	OTHER TELEPHONE NO. ( ) -	
EMERGENCY CONTACT NAME			TELEPHONE NO. ( ) -	EMAIL ADDRESS	
POSITION YOU ARE APPLYING FOR					
DATE AVAILABLE FOR EMPLOYMENT			HOW WERE YOU REFERRED TO YOLO?		
A. LIST HIGH SCHOOL ATTENDED	NAME/LOCATION OF SCHOOL	DATES ATTENDED (MONTH & YEAR) FROM TO		DID YOU GRADUATE? YES NO	
				GRADE AVERAGE	
B. LIST COLLEGES OR UNIVERSITIES ATTENDED	NAME/LOCATION OF SCHOOL	DATES ATTENDED (MONTH & YEAR) FROM TO		DID YOU GRADUATE? YES NO	
				TITLE OF PROGRAM	
C. LIST BUSINESS OR TECHNICAL COLLEGES ATTENDED	NAME/LOCATION OF SCHOOL	DATES ATTENDED (MONTH & YEAR) FROM TO		DID YOU GRADUATE? YES NO	
				TITLE OF PROGRAM	
D. LIST GRADUATE SCHOOL ATTENDED	NAME/LOCATION OF SCHOOL	DATES ATTENDED (MONTH & YEAR) FROM TO		DID YOU GRADUATE? YES NO	
				TITLE OF PROGRAM	
LIST ACTIVITIES, HONORS AND ACCOMPLISHMENTS IN SCHOOL, MILITARY OR BUSINESS				PERCENTAGE OF SCHOOL EXPENSES EARNED <input type="checkbox"/> NONE <input type="checkbox"/> 25% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	
LIST THE DATES (MONTH AND YEAR) AND BRANCH FOR ALL ACTIVE DUTY MILITARY SERVICE					
FROM		TO		BRANCH OF SERVICE	

**PREVIOUS EMPLOYMENT**  
**STARTING WITH YOUR PRESENT EMPLOYER. LIST COMPANIES FOR WHOM YOU HAVE**  
**WORKED WITHIN THE PAST TEN YEARS**

<b>A</b>	EMPLOYER/COMPANY NAME	TYPE OF BUSINESS		
STREET ADDRESS		JOB TITLE HELD		
CITY AND STATE	TELEPHONE NO. (    )    -	BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT FROM    /    /    TO    /    /		BRIEF DESCRIPTION OF YOUR DUTIES		
NAME/TITLE OF YOUR SUPERVISOR				
NAME/TITLE AND PHONE NO. OF WHO CAN VERIFY EMPLOYMENT		REASON FOR LEAVING		

<b>B</b>	EMPLOYER/COMPANY NAME	TYPE OF BUSINESS		
STREET ADDRESS		JOB TITLE HELD		
CITY AND STATE	TELEPHONE NO. (    )    -	BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT FROM    /    /    TO    /    /		BRIEF DESCRIPTION OF YOUR DUTIES		
NAME/TITLE OF YOUR SUPERVISOR				
NAME/TITLE AND PHONE NO. OF WHO CAN VERIFY EMPLOYMENT		REASON FOR LEAVING		

<b>C</b>	EMPLOYER/COMPANY NAME	TYPE OF BUSINESS		
STREET ADDRESS		JOB TITLE HELD		
CITY AND STATE	TELEPHONE NO. (    )    -	BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT FROM    /    /    TO    /    /		BRIEF DESCRIPTION OF YOUR DUTIES		
NAME/TITLE OF YOUR SUPERVISOR				
NAME/TITLE AND PHONE NO. OF WHO CAN VERIFY EMPLOYMENT		REASON FOR LEAVING		

<b>D</b>	EMPLOYER/COMPANY NAME	TYPE OF BUSINESS		
STREET ADDRESS		JOB TITLE HELD		
CITY AND STATE	TELEPHONE NO. (    )    -	BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT FROM    /    /    TO    /    /		BRIEF DESCRIPTION OF YOUR DUTIES		
NAME/TITLE OF YOUR SUPERVISOR				
NAME/TITLE AND PHONE NO. OF WHO CAN VERIFY EMPLOYMENT		REASON FOR LEAVING		