

**LEE COUNTY INTERGROUP APPLICATION**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**EMERGENCY CONTACT**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**JOB POSITION APPLIED FOR: ASSISTANT OFFICE MANAGER**

**SALARY DESIRED:** \$ \_\_\_\_\_ per \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_

What state issued your license? \_\_\_\_\_

**EMPLOYMENT**

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the job position with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation would you require? \_\_\_\_\_

\_\_\_\_\_

## JOB SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. [One represents poor ability and five represents exceptional ability.]

SKILL	YEARS EXPERIENCE	ABILITY/RATING				
• Microsoft Word _____	_____	1	2	3	4	5
• Quick Books _____	_____	1	2	3	4	5
• Excel _____	_____	1	2	3	4	5
• Filing _____	_____	1	2	3	4	5
• Bookkeeping _____	_____	1	2	3	4	5
• Inventory _____	_____	1	2	3	4	5
• Personnel Mgmt _____	_____	1	2	3	4	5
• Office Mgmt _____	_____	1	2	3	4	5
• Public Relations _____	_____	1	2	3	4	5
• Typing _____	_____	1	2	3	4	5
• Purchasing _____	_____	1	2	3	4	5
• Tax Compliance _____	_____	1	2	3	4	5
• Communications _____	_____	1	2	3	4	5
• Familiarity with AA office functions _____	_____	1	2	3	4	5

## EMPLOYMENT HISTORY

List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (Mo/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (Mo/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (Mo/Year): \_\_\_\_\_

**EDUCATION AND TRAINING**

College name and address:

Did you receive a degree: \_\_\_\_ Yes \_\_\_\_ No If yes, degree received: \_\_\_\_\_

High School name and address:

Last grade? \_\_\_\_ 9 \_\_\_\_ 10 \_\_\_\_ 11 \_\_\_\_ 12 Diploma? \_\_\_\_ Yes \_\_\_\_ No

OTHER TRAINING (GRADUATE, TECHNICAL, VOCATIONAL):

AWARDS, HONORS, SPECIAL ACHIEVEMENTS:

**REFERENCES**

List any two people who would be willing to provide a reference for you.

Reference Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reference Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please provide any other information that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_