



APPLICATION FOR SALES EMPLOYMENT

We encourage applications from qualified individuals with disabilities. Please print clearly with ink.

Today's Date: \_\_\_\_\_

PERSONAL

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Mailing Address: Number and street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Type of work for which you are applying

Type of employment you want

Position Desired: \_\_\_\_\_ Full-time

Part-time

What hours are you available to work each week? \_\_\_\_\_

Minimum income requirements: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you eligible to work in the United States? Yes  No

Are you at least 18 years old? Yes  No

Have you ever been convicted of a felony? Yes  No

If yes, list date and place \_\_\_\_\_

Have you applied before? Yes  No  If so, when? \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

MILITARY

Branch of U.S. Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date Discharged: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

List any special training received: \_\_\_\_\_

EDUCATION

Last High School and Address: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Diploma or GED? Yes  No

Course or Field of Study \_\_\_\_\_

Business or Technical School and Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Certificate Obtained: \_\_\_\_\_

College School location (city & state) Major field of study Credits Degree

\_\_\_\_\_

\_\_\_\_\_

Academic honors, awards or special recognition: \_\_\_\_\_

Other high school, correspondence, home study or courses not listed above: \_\_\_\_\_

Do you have any objection to our contacting your previous schools? Yes  No

If yes, please explain. \_\_\_\_\_

## **EMPLOYMENT RECORD**

List most recent employer first. Include all former employers and self employment.

\_\_\_\_\_  
Current Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_\_ End \_\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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\_\_\_\_\_  
Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_\_ End \_\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

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Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_\_ End \_\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_\_ End \_\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

# **SKILLS ASSESSMENT**

Please rate your skill on the following using **1)** not able to, must learn, **2)** able to after coaching and time to practice, **3)** able to do with very little assistance, **4)** able to do with no assistance needed, **5)** able to teach and support others.

<b>Software</b>	<b>Assessment</b>	<b>Specific Experience/Application Used</b>
Office Suite	_____	_____
Windows	_____	_____
Word	_____	_____
PowerPoint	_____	_____
Excel	_____	_____
Outlook	_____	_____
Access	_____	_____
Act /Contact Mgt	_____	_____
Explorer	_____	_____

<b>Application</b>	<b>Assessment</b>	<b>Specific Experience/Application Used</b>
Internet / Email	_____	_____
Transferring data between Office programs	_____	_____
Designing Data Bases	_____	_____
Creating Database Reports	_____	_____
Creating Spreadsheets	_____	_____
Database Marketing	_____	_____

Describe expertise in making presentations to individuals and groups. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your ability and expertise in creating letters, in editing correspondence, writing documents and proposals.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Success Levels – What are the levels of success you have achieved and what do you attribute it to, especially in sales? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sales Levels for past years:				
	Revenue	Gross Profit	Rank on sales team	Comparison to expectations
2008	_____	_____	_____	_____
2007	_____	_____	_____	_____
2006	_____	_____	_____	_____
2005	_____	_____	_____	_____

## **REFERENCES**

Please provide the names of five references who know you in a work environment who are not listed above as supervisors.

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**1** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you? \_\_\_\_\_  
\_\_\_\_\_

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**2** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you? \_\_\_\_\_  
\_\_\_\_\_

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**3** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you? \_\_\_\_\_  
\_\_\_\_\_

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**4** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you? \_\_\_\_\_  
\_\_\_\_\_

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**5** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you? \_\_\_\_\_  
\_\_\_\_\_

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I certify that the information contained in this application and supplements for the position I am applying for is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application is cause for rejection of this application and supplements or for subsequent dismissal from employment. I authorize an investigation of any of the facts set forth in this application. I give permission to check my educational background, references, professional license, criminal record, driving record, and credit record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluation. I understand and agree that my employment with the company is entered into voluntarily and I may resign at any time.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Application will be active for ninety (90) days.