MASSACHUSETTS
ONE-STOP
CAREER CENTERS

Connecting Workers and Employers

Ba Tèt ou Valè sou Papye Aplikasyon pou Travay la

Selling Yourself on Paper-The Job Application

Se pa tout pozisyon ki egzije pou ou fè on aplikasyon pou travay pou li. Malgre sa, fòm sa a enpòtan menm jan avèk rezime w la avèk lèt kouvèti w la pou ou jwenn on entèvyou. Donk ki jan pou ou byen ranpli l ? Èske ou ka ekri klè sou sa ou konn fè byen, ak sa ou reyalize deja nan yon fòma espesifik, nan on ti tan kout ?

Sa yo se kèk nan kesyon ou fèt pou ou reponn lè ou kontinye ap eseye retounen al travay la. Fèy sa a genyen enfòmasyon ki pale de kèk bagay enpòtan ke ou ka fè lè w ap ranpli aplikasyon yo, sa ka ede w montre konpayi a ke ou se moun ki pi merite djòb la.

Fè moun nan konpayi an kap li aplikasyon w nan enterese nan ou.

Anpil konpayi sèvi avèk fòm aplikasyon paske yo fasil, yo ranje enfòmasyon yo nan on fòma espesifik ke moun kap fè w entèvyou a ka tcheke rapid.

Donk respekte sa konpayi a mande w yo epi planifye pou pi ta! Sanble tout evenman yo, tout dat avèk referans w ap bezwen pou ou byen ranpli fòm nan anvan ou aplike pou djòb la.

Ranpli fòm Ou a

Aplikasyon pou travay ou a enpòtan menm jan avèk rezime w la pou ou ka jwenn on entèvyou. Donk fè l byen. Men kèk bagay ki ka itil ou pou ede w ranpli on bon aplikasyon pou travay:

- **Li fòm nan avèk anpil atansyon anvan ou fin ranpli l, ni apre ou fin ranpli l.** Swiv eksplikasyon yo nesesè pou ou ranpli on aplikasyon pou travay kòm sa dwa.
- **Mande de kopi.** Ou ap bezwen youn an plis pou ou prepare on bouyon. Ale avèk on rezime avèk on lis referans ou yo, sa ka ede w ranpli tout enfòmasyon ki nesesè yo epi avèk presizyon.
- **Tape ou byen ekri klè pou moun k ap li l la ka li l fasil.** Sèvi avèk on plim ble ou byen nwa ki ekri byen (ou byen tape l si se posib). Pote on plim ki genyen on lank ke ou ka efase ou byen kèk likid pou korije si tout fwa ou ta fè on fot.
- **Siveye jan w ekri mo yo pou ou pa fè fot, gramè w avèk vigil epi pwen nan fraz ou yo.**
- **Pa kite pyès espas vid.** Ekri « not applicable » ou byen « does not apply » kote enfòmasyon yo mande w yo pa genyen anyen pou yo wè avè w.
- **Ba yo referans ke ou ka konte sou yo.** Asire w ke ou mande moun yo pèmisyon anvan ou mete non yo nan lis referans ou a.
- **Siyen aplikasyon an epi mete dat jodi a sou li.**
- **Mande on moun pou abrevyasyon avèk mo ou pa konprann yo.** Li pi bon pou ou mande moun ki ba ou fòm nan.
- **Asire w ke ou bay bon enfòmasyon.** Tcheke dat travay ou yo, nimewo telefòn, avèk adrès yo, asire w ke yo bon.

Angaje tèt ou a san pou san

Bagay ou ekri nan aplikasyon pou travay la enpòtan pou ou rive nan pwochen etap nan aktivite chèche travay la – entèvyou a. Donk pa kite fòma sila ki parèt estrik fè w pèdi kontwòl ou! Gade pi ba a pou on modèl on aplikasyon. An plis de sa, Jounal pou ede w chèche Travay ke DCS genyen an avèk lòt jounal – ki genyen plis konsèy sou aplikasyon – disponib nan sant de karyè «One Stop» isi a.

Application for Employment

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO. — —
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ☐ Yes ☐ No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ Yes ☐ No	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ Yes ☐ No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ DEPT. HEAD 3. _____ GENERAL MANAGER

Para servicios de retransmisión para clientes con discapacidades auditivas, llame al 1-800-439-0183 o 711.