

Survival Skills in the World of Work

Third Edition

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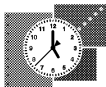
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15. Job Application I



Part I

Directions: In the boxes below are some lines from a job application form. Answer the questions below each box by circling the letter of the best choice.

Name _____		
(Last)	(First)	(Middle Initial)

1. Which of the following shows what should be written on the line?
- A. Rodriguez Sharon M.
 - B. Sharon M. Rodriguez
 - C. Rodriguez Sharon Marie

Permanent work _____	Temporary work _____
Full-time work _____	Part-time work _____

2. Which line should you check if you only want to work during the summer months?
- A. Permanent
 - B. Full-time
 - C. Temporary
 - D. Part-time
3. Which line should you check if you can only work on weekends?
- A. Permanent
 - B. Full-time
 - C. Temporary
 - D. Part-time

Have you ever been convicted of a crime? _____
--

4. If you had been arrested on suspicion of a crime but were found to be innocent, how should you answer the question?
- A. Yes
 - B. No
 - C. Don't know

Do you hold a valid driver's license? _____

5. If you once held a license but failed to renew it, how should you answer this question?
- A. Yes
 - B. No
 - C. Don't know

Part II

Directions: Job applications often contain special words and phrases. On a separate sheet of paper, list each of the following and give a short definition of each:

spouse, dependents, personal references, personnel department, equal opportunity employer, supervisor, previous address, graduation date, duplicate copy



Name _____ Date _____



16. Job Application II

Directions: Below are parts of a job application. Fill them out with information about yourself. Assume that you have just graduated from high school, and that you had two different jobs while you were in high school.

Answer all questions completely—if question is not applicable, write “n.a.”						
PERSONAL INFORMATION						
NAME _____ (Last) (First) (M.I.)		SOC. SEC. NO. _____				
ADDRESS _____ (Number & Street) (City & State) (Zip)		HOME PHONE _____				
ARE YOU BETWEEN THE AGES OF 18 AND 65? YES ___ NO ___		MESSAGE/OFC. PHONE _____				
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES ___ NO ___ IF YES: FULL-TIME ___ PART-TIME ___						
DO YOU HAVE ANY PHYSICAL CONDITION WHICH SHOULD BE CONSIDERED IN PROPER JOB PLACEMENT? _____						
IF SO, PLEASE DESCRIBE _____						
POSITION INFORMATION						
POSITION DESIRED: _____		PERMANENT WORK _____	TEMPORARY WORK _____			
_____		FULL-TIME WORK _____	PART-TIME WORK _____			
EDUCATION AND TRAINING						
ARE YOU A HIGH SCHOOL GRADUATE? _____ If your answer is “no” circle last year completed: 4 5 6 7 8 9 10 11						
LIST SCHOOLS ATTENDED <u>OTHER THAN HIGH SCHOOL</u> (INCLUDE MILITARY TRAINING AND/OR RELATED COURSES):						
NAME AND LOCATION OF SCHOOL	MAJOR	CREDITS COMPLETED		DEGREE/CERTIFICATE RECEIVED		
		Semester Hours	Quarter Hours	None	Type	Year

EMPLOYMENT HISTORY (List present or most recent employment first.)

Dates (Mo/Yr)		Total No Yrs/Mos	Firm Name & Address	Position Title	Duties
From	To				
Salary		No Hrs Per Wk	Phone No.	Reason for Leaving	
Start	End				

TO BE COMPLETED ONLY IF YOU HAVE NOT WORKED WITHIN THE LAST 5 YEARS			
PERSONAL REFERENCES (other than relatives or former employers who would have knowledge of your qualifications for the position)			
NAME	BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION	PHONE





25. Employee Eligibility Verification

Directions: Once you have accepted a job, you will be asked to show that you are legally able to work. Read the information on the form below. Then answer the questions that follow.

2 EMPLOYEE REVIEW AND VERIFICATION: (To be completed and signed by employer.) Examine one document from those in List A and check the correct box, or examine one document from List B and one from List C and check the correct boxes. Provide Document Identification Number and Expiration Date , for the document checked in that column.		
List A Identity and Employment Eligibility	List B Identity	List C Employment Eligibility
<input type="checkbox"/> United States Passport <input type="checkbox"/> Certificate of United States Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> Alien Registration Card with photograph	<input type="checkbox"/> A State-issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> U.S. Military Card <input type="checkbox"/> Other (Specify document and issuing authority.) _____	<input type="checkbox"/> Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> Unexpired INS Employment Authorization Specify form # _____
Document Identification # _____	Document Identification # _____	Document Identification # _____
Expiration Date (if any) # _____	Expiration Date (if any) # _____	Expiration Date (if any) # _____

1. Who is to fill out this part of the form? _____
2. If an employee presents a United States passport, are any additional documents required? _____
3. If an employee presents a driver's license, are any additional documents required? _____
4. If an employee presents a driver's license and a photocopy of his or her Social Security card, is this sufficient? _____
5. If an employee presents a driver's license and a U.S. military card, is this sufficient? _____
6. What is a "Certificate of Naturalization"? _____

7. What is a "document identification #"? _____

8. What is an "expiration date"? _____





42. Health Plan Questions

Directions: Below are some passages from a booklet describing a health plan called the Kaiser-Permanente Plan. Many employers pay for such plans for their employees. Read the passages. Then answer each of the questions that follow.

The Health Plan is a direct-service plan which accepts full responsibility for the covered health care that you and your family need, whenever you need it. This feature distinguishes the Health Plan from an insurance plan that helps to pay claims for the cost of care you receive but assumes no responsibility for providing hospitals, doctors and other essentials of modern health care you need.

If a member, while more than 30 air-miles from both home and any Kaiser-Permanente facility, requires medical care or hospitalization for an emergency injury or illness, the Health Plan will pay the first \$3,000 of all customary and reasonable charges incurred for such services, plus 80% of such charges between \$3,000 and \$50,000.

Hospitalization and Surgical Care

Your doctor will discuss the need for hospitalization with you and make all arrangements for your

admission. You will be notified when to report to the hospital. In emergencies you will be admitted immediately.

Medical care is provided for prevention of disease as well as for serious illness. You are urged to have periodic checkups, seek medical advice, and get prompt attention at the first sign of illness.

Injuries Caused by Third Parties

Services will be provided if you are injured through the actions of someone else such as in an auto accident. However, if you collect any amount from the other person or his insurance company, the Health Plan shall be entitled to collect prevailing rates from you for all hospital and medical services provided by this program to care for your injuries. The amount collected from you will never be more than the amount you collect from the other person or his insurance company.

1. How does a health plan differ from an insurance plan? _____

2. Do you have to be sick to see a health plan doctor? _____
3. Ivey was 100 miles from home and 75 miles from the nearest health plan office or hospital when she became very ill. She was hospitalized in the nearest hospital. Her bill was \$2,000. All of her charges were reasonable. Did the health plan pay her full hospital bill? _____
4. If not, how much did Ivey have to pay? _____
5. Antoine was in the same situation as Ivey except that his bill came to \$5,000. Did the health plan pay his full bill? _____
6. If not, how much did Antoine have to pay? _____