

THE LAS COLINAS ASSOCIATION EMPLOYMENT APPLICATION

DATE _____

Month Day Year

FULL NAME (PRINT) _____
Last
First
Middle

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

Type of School	Name of School	Location City & State	Dates Attended	Overall Grade Average	Diploma Or Degree	Major Field or Course of Study
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						
OTHER						

Subjects liked best _____ Why? _____

Subjects liked least _____ Why? _____

Scholarships received _____

Scholastic or other honors _____

Extra-curricular activities _____

Do you plan to continue your education? yes no

If so when and in what field _____

College expenses earned _____ % How Earned _____

SKILLS:

Computers _____

Software _____

Typing speed _____ Calculator _____ Ten key adding machine _____ Phones _____

Other _____

