

Application for Contract Employment for Website Content Manager

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security #
Address (Street, City, State, Zip Code)			E-mail Address
Home Phone Number	Cell Phone Number	Work Phone Number	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of someone who knows how to contact you if your address changes			Phone Number
Address of Contact Person			Relationship
How did you find out about this job opening? <input type="checkbox"/> Web Page (identify) _____ <input type="checkbox"/> Newspaper/Journal Ad (identify) _____ <input type="checkbox"/> Referral <input type="checkbox"/> Job Service/CPPC <input type="checkbox"/> Other (Please Explain)			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name of College or University	Advisor	Date Attended		Type of Degree	Year Earned	GPA
		From	To			
BS/BA Major	Hours	Minor		Hours		
MS/MA Major	Hours	Minor		Hours		
Doctoral Major	Hours	Minor		Hours		
Hours beyond last degree			Subject Concentration			

EMPLOYMENT HISTORY: List all employment including military and volunteer service **starting with the most current position held.** Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section.** This information will be used in **reference** checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position or Type of Activity	Duration of Involvement From To	Awards/ Recognition Received	Reason for Ending Involvement

REFERENCES

At minimum, list current supervisor and/or academic advisor and two professional/academic references. In addition to work references indicated in the employment history section, the following references may be contacted.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

Please check the Internet Communities that you wish to be involved with:

- Automobile Brand(s) (identify) _____
- Motorcycle Brand(s) (identify) _____
- Hobbies (identify) _____
- Sports (identify) _____
- Profession(s) (identify) _____
- Business(s) (identify) _____
- Lifestyles (identify) _____
- Other (identify) _____

In the box below, please briefly indicate other information about your professional or academic background and career goals which could be pertinent to an employment decision.

Mail, email or fax the signed application, non-discloser agreement current résumé and copies of one sample writing to:

**Internet Community Partners
Attn.: Bill Peirce
3939 Royal Drive NW
Suite 139
Kennesaw, GA 30144**

Fax: (770) 974-1522

For more information, contact us:

Telephone: (770) 974-9193

Email: bill@internetcp.com

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I understand that the position I am applying for is paid on a percentage of advertising sales and that no guarantees are offered or expected. I further understand that Internet Community Partners has the right to review my education, previous employment, and other background data.

Applicant's Signature _____ Date _____

NOTICE OF NONDISCRIMINATION - Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, the company does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, age, disability or status as disabled veteran or veteran of the Vietnam Era.