# ✴ SPARKPOINT® EMPLOYMENT & EDUCATION

Date: _____ /_____ /_____

This information is used to serve you more effectively, and to help us understand where you are starting.
To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

**First Name:** _____  **Last Name:** _____

## EMPLOYMENT INFORMATION

**Are you employed?** ❑ Yes ❑ No   If yes, please complete the fields below:

**Employer 1:** _____  Job 1 Zip code: _____

❑ Full-time          ❑ Part-time          ❑ Self-employed          $/hour: _____          Hours worked per week: _____

Industry type: _____  Position Type: _____

Employment type?     ❑ Permanent          ❑ Temporary          ❑ Contract          ❑ Seasonal

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____

**Employer 2:** _____  Job 2 Zip code: _____

❑ Full-time          ❑ Part-time          ❑ Self-employed          $/hour: _____          Hours worked per week: _____

Industry type: _____  Position Type: _____

Employment type?     ❑ Permanent          ❑ Temporary          ❑ Contract          ❑ Seasonal

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____

**Employer 3:** _____  Job 3 Zip code: _____

❑ Full-time          ❑ Part-time          ❑ Self-employed          $/hour: _____          Hours worked per week: _____

Industry type: _____  Position Type: _____

Employment type?     ❑ Permanent          ❑ Temporary          ❑ Contract          ❑ Seasonal

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____

## EDUCATION & TRAINING INFORMATION

**Are you enrolled in school/training?** ❑ Yes ❑ No   If yes, please complete the fields below:

**Institution 1:** _____  Major/Certificate Name: _____

❑ Full-time          ❑ Part-time          Hours per week: _____

Degree/Certificate Type:     ❑ Certificate          ❑ AA/AS Degree          ❑ BA/BS Degree

Degree/Certificate Status:   ❑ Completed     ❑ In progress     ❑ Withdrew     ❑ Other     Received certificate/degree? ❑ Yes ❑ No

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____

**Institution 2:** _____  Major/Certificate Name: _____

❑ Full-time          ❑ Part-time          Hours per week: _____

Degree/Certificate Type:     ❑ Certificate          ❑ AA/AS Degree          ❑ BA/BS Degree

Degree/Certificate Status:   ❑ Completed     ❑ In progress     ❑ Withdrew     ❑ Other     Received certificate/degree? ❑ Yes ❑ No

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____

**Institution 3:** _____  Major/Certificate Name: _____

❑ Full-time          ❑ Part-time          Hours per week: _____

Degree/Certificate Type:     ❑ Certificate          ❑ AA/AS Degree          ❑ BA/BS Degree

Degree/Certificate Status:   ❑ Completed     ❑ In progress     ❑ Withdrew     ❑ Other     Received certificate/degree? ❑ Yes ❑ No

Start Date: _____ /_____ /_____          End Date: _____ /_____ /_____