| **DMV OneApp Solution**Application Form | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | |
| **Name:** Anna Marie Smith | | | | | | | | | | |
| **Date of birth:** 8/18/1985 | | **SSN:**999-99-9999 | | | | | **Phone:** 202-555-1888 | | | |
| **Current address:** Bethesda Cares Day Shelter | | | | | | | | | | |
| **City:** Bethesda | | **State:** MD | | | | | **ZIP Code:** 20814 | | | |
| Housing application | | | | | | | | | | |
| **Name**: Anna Marie Smith | | | | | | | | | | |
| **Date of birth:** 8/18/1985 | | **SSN:** 999-99-9999 | | | | | **Phone:** 202-555-1888 | | | |
| **Current address:** Bethesda Cares Day Shelter | | | | | | | | | | |
| **City:** Bethesda | | **State:** MD | | | | | **ZIP Code:** 20814 | | | |
| **Own** **Rent** **Shelter** (Please choose one) | | **Monthly mortgage or rent:** | | | | | | **How long have you been at this address?**  6 months | | |
| **Previous address:** 5151 Pooks Hills Road | | | | | | | | | | |
| **City:** Bethesda | | **State:** MD | | | | | **ZIP Code:** 20814 | | | |
| **Own** **Rent** **Shelter** (Please choose one) | | **Monthly mortgage or rent:** | | | | | | **How long have you been at this address?** | | |
| **Name of Property Interested In Applying To:** Triangle Towers | | **Property mortgage or rent:** $1,398 - $2,733 | | | | | |  | | |
| **Address of Property:** 4853 Cordell Ave | |  | | | | | |  | | |
| **City:** Bethesda | | **State:** MD | | | | | | **Zip Code:** 20814 | | |
| Employment history/ resume | | | | | | | | | | |
| **Current employer:** Montgomery County Department of Public Libraries- Bethesda Branch | | | | | | | | | | |
| **Employer address:** 5501 Massachusetts Ave | | | | | | | | **How long have you been an employee?** 3 years | | |
| **Phone:** 240-773-0000 | **E-mail:** AMSmith@hotmail.com | | | | | | **Fax:** | | | |
| **City:** Bethesda | | | **State:** MD | | | | **ZIP Code:** 20816 | | | |
| **Position:** Front Desk Staff | | | **Hourly** [x] **Salary** [] (Please choose one) | | | | **Annual income:** $28,662 | | | |
| **Education and qualifications:** | | | **GED, High School, College attended/completed:** HS diploma, Montgomery Blair, High School | | | | **Years attended:** 2008-2012 | | | |
| **Previous employer:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Phone:** | **E-mail:** | | | | | | **Fax:** | | | |
| **City:** | | | **State:** | | | | **ZIP Code:** | | | |
| **Position:** | | | **Hourly** **Salary** (Please choose one) | | | | **Annual income:** | | | |
| Employment assistance APPLICATION | | | | | | | | | | |
| **Position applying for:** | | | | | | | | | | |
| **Location:** | | | | | | | | **Desired Salary:** | | |
| **Days available:** M [] T [] W [] TH [] F[] Sa [] Su [] | | | **List hours available:** | | | | | **How many hours can you work weekly?** **Are you available to work evenings?** | | |
| **Desired Employment:**  **Full-time** [] **Part-time** []  **Full or Part-time** [] | | |  | | | | |  | | |
| Jobs/ Skills training: | | | | | | | | | | |
| **Where enrolled and enrollment dates:** ByteBack.org March- September 2016 | | | **Certificate(s) achieved:** Typing tutorial, PC for Beginners, Office Track | | **Location:** 815 Monroe St NE, Washington, DC 20017 | | | | **Certification Date(s):** September 2016 | |
| **Where enrolled and enrollment dates:** | | | **Certificate(s) achieved:** | | **Location:** | | | | **Certification Date(s):** | |
| **Where enrolled and enrollment dates:** | | |  | |  | | | |  | |
| **Where enrolled and enrollment dates:** | | |  | |  | | | |  | |
| **Where enrolled and enrollment dates:** | | |  | |  | | | |  | |
| driver’s license information | | | | | | | | | | |
| **Driver’s license number:** | | | **Issuing locality:** | | **Commercial (CDL):** | | | |  | |
| **Expiration date:** | | |  | |  | | | |  | |
| **Have you had any accidents in the past three (3) years?** **No** []**Yes** [] **How many?** \_\_ | | | | | | | | | **Date** | |
| **Have you had any moving violations during the past three (3) years? No** []**Yes** [] **How many?** \_\_ | | | | | | | | | **Date** | |
| Employment assistance Information APPLICATION (military) | | | | | | | | | | |
| **Have you ever been in the Armed Forces?** **Yes** [] **No** [] | | | | | | | | | | |
| **Are you now a member of the National Guard?** **Yes** [] **No** [] | | | | | | | | | | |
| **Specialty:** **Date entered:** **Discharge date:** | | | | | | | | | | |
| **Work experience (be specific):** | | | | | | | | | | |
| **Last position title:** | | | | | | | | | | |
| **Reason for leaving:** | | | | | | | | | | |
| **List jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company.** | | | | | | | | | | |
| **Name of last employer, address, City, State, Zip Code, name and phone number of supervisor** | | | **Employment dates:** | | | | | **Pay or salary:** | | |
|  | | | **To:** **From:** | | | | | **Start:** **Finish:** | | |
| Substance abuse application | | | | | | | | | | |
| **Name of Agency Applying To:** Kolmac Outpatient Treatment Center | | | | **Case worker:** | | **Date of application:** January 12, 2016 | | | |  |
| **Address of Agency:**  15932 Shady Grove Road | | | |  | |  | | | |  |
| **City:** Gaithersburg, | | | | **State:** MD | | **Zip Code:** 20877 | | | |  |
| I authorize DMV OneApp Solution to submit this application on my behalf to the agencies chosen above. | | | | | | | | | | |
| **Signature of applicant:** | | | | | | | | | | **Date:** |
| **Contact information:** | | | | | | | | | | |