| **DMV OneApp Solution**Application Form |
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| 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:** |