



# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

---

---

---

---

---

**Describe any job-related training received in the United States military.**

---

---

---

---

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Starting	Salary/Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Starting	Salary/Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

**IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE SHEET OF PAPER**

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race religion, national origin, age, ancestry, disability or other protected status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Specialized Skills

### Check Skills/Equipment Operated

\_\_\_\_\_ Copy Machines

\_\_\_\_\_ Fax

List computer experience:

\_\_\_\_\_ PC

\_\_\_\_\_ Microsoft Word

\_\_\_\_\_

\_\_\_\_\_ Calculator

\_\_\_\_\_ Excel

\_\_\_\_\_

\_\_\_\_\_ Typewriter

\_\_\_\_\_ Access

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes \_\_\_\_\_ No \_\_\_\_\_

# REFERENCES

1.	_____ ( ) _____ (Name) Phone
	_____ (Address)
2.	_____ ( ) _____ (Name) Phone
	_____ (Address)
3.	_____ ( ) _____ (Name) Phone
	_____ (Address)
4.	_____ ( ) _____ (Name) Phone
	_____ (Address)

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position(s) Considered For: \_\_\_\_\_

Date \_\_\_\_\_

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_