



## Education

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

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

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

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# Employment Experience

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

1.	Employer		Dates Employed	From	To
	Address		<b>Work Performed</b>		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		<b>Work Performed</b>		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		<b>Work Performed</b>		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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## Additional Information

### Other Qualifications

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

### Specialized Skills (Check Skills/Equipment Operated)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery List	Other (List)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

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.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES

NO

### REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ (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.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I certify that I have a valid Driver's License.

This application for employment may 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 Employer may discharge Employee at any time with or without cause.

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

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

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

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date