

Education

	High School	Undergraduate College/University	Graduate Professional
School Name & Location			
Years Completed	9 – 10 – 11 – 12	1 – 2 – 3 – 4	1 – 2 – 3 – 4
Diploma / Degree			
Describe Course Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities.			
Describe honors you have received.			
State any qualifications you feel may be helpful to us in considering your application.			

Indicate any languages other than English which you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- _____
- _____
- _____

Have you ever had any job-related training in the United States military? YES NO

If YES, please describe _____

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 any other protected status.

1.	Employer	Dates Employed		Job Title
		From	To	
	Address			Work Performed
	Supervisor	Phone Number		
	Reason for Leaving			
2.	Employer	Dates Employed		Job Title
		From	To	
	Address			Work Performed
	Supervisor	Phone Number		
	Reason for Leaving			
3.	Employer	Dates Employed		Job Title
		From	To	
	Address			Work Performed
	Supervisor	Phone Number		
	Reason for Leaving			
4.	Employer	Dates Employed		Job Title
		From	To	
	Address			Work Performed
	Supervisor	Phone Number		
	Reason for Leaving			

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

Special Skills and Qualifications

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

Applicant's Statement

I certify that the 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 should inquire as to whether or not applications are being accepted at that time.

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

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.

I have read the job description and I am able to perform the duties of the job for which I am applying.

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

NOTES: _____