

EMPLOYMENT RECORD

List below, in reverse order, the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks, including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out a blank sheet in the same form as that outlined below, and attach.

NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.

1. Present or last employment _____ Date Employed _____
 Address _____ Date Separated _____
 Telephone _____ Total Months Employed _____
 Immediate Supervisor _____ Title _____ Full Time? Yes No
 Starting Salary \$ _____ per _____ Last or Present Salary \$ _____ per _____
 Specific Duties: _____

Reason for Leaving: _____

2. Employer _____ Date Employed _____
 Address _____ Date Separated _____
 Telephone _____ Total Months Employed _____
 Immediate Supervisor _____ Title _____ Full Time? Yes No
 Starting Salary \$ _____ per _____ Last or Present Salary \$ _____ per _____
 Specific Duties: _____

Reason for Leaving: _____

3. Employer _____ Date Employed _____
 Address _____ Date Separated _____
 Telephone _____ Total Months Employed _____
 Immediate Supervisor _____ Title _____ Full Time? Yes No
 Starting Salary \$ _____ per _____ Last or Present Salary \$ _____ per _____
 Specific Duties: _____

Reason for Leaving: _____

EMPLOYMENT RECORD (Continued)

4. Employer _____ Date Employed _____
 Address _____ Date Separated _____
 Telephone _____ Total Months Employed _____
 Immediate Supervisor _____ Title _____ Full Time? Yes No
 Starting Salary \$ _____ per _____ Last or Present Salary \$ _____ per _____
 Specific Duties: _____

Reason for Leaving: _____

5. Employer _____ Date Employed _____
 Address _____ Date Separated _____
 Telephone _____ Total Months Employed _____
 Immediate Supervisor _____ Title _____ Full Time? Yes No
 Starting Salary \$ _____ per _____ Last or Present Salary \$ _____ per _____
 Specific Duties: _____

Reason for Leaving: _____

List office equipment you can operate: _____

List any in-service training or instruction courses or programs you have completed with the employers listed herein:

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

EDUCATION RECORD

1. GRAMMAR OR HIGH SCHOOL

Circle grade last completed:
 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school Yes No

If no, do you plan to graduate within the next 8 months?
 Yes No

Name of last school attended _____

Do you have a high school equivalency certificate (G.E.D.)?
 Yes No

Location (City/State) _____

2. VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name & Location	From		To		No. of Hours. Attended Per Wk.	No. of Credits Sem/Quarter	Diploma or Certificate Obtained Mo./Yr.
	Mo.	Yr.	Mo.	Yr.			

3. UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name & Location	From		To		Total Semester Hrs.	Total Quarter Hours	Major Field & No. of Hours	Minor Field & No. of Hours
	Mo.	Yr.	Mo.	Yr.				

Did you graduate? Yes No Degree Received _____ Date Received _____

If you plan to graduate within eight (8) months, please indicate anticipated date: _____

MOST IMPORTANT - PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: (1) completed all parts of the application listing every job which you have held; (2) enclosed copies of documents requested such as special license; and (3) read the statement below, and signed the application?

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application.
3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or school require such a release.
4. I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed, termination from the Employer.

SIGN HERE IN INK _____ DATE _____