

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.

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 which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1

Employer _____

Dates Employed _____ to _____

Address _____

Work Performed _____

Phone Number(s) _____

Job Title: _____ Supervisor _____

Reason for leaving _____

2

Employer _____

Dates Employed _____ to _____

Address _____

Work Performed _____

Phone Number(s) _____

Job Title: _____ Supervisor _____

Reason for leaving _____

3

Employer _____

Dates Employed _____ to _____

Address _____

Work Performed _____

Phone Number(s) _____

Job Title: _____ Supervisor _____

Reason for leaving _____

4

Employer _____

Dates Employed _____ to _____

Address _____

Work Performed _____

Phone Number(s) _____

Job Title: _____ Supervisor _____

Reason for leaving _____

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

You may exclude membership which 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 all that apply)

☐ 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 _____

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.

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 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 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 _____ Date ____/____/____
Name and Title

