



# EDUCATION

	Elementary School	High School	Undergraduate College/ University	Graduate / Professional
<b>School Name &amp; Location</b>				
<b>Years Completed</b>	4-5-6-7-8	9-10-11-12	1-2-3-4	1-2-3-4-
<b>Diploma/Degree/ Equivalent:</b>				
<b>Describe Course of Study:</b>				
<b>Describe any specialized training, apprenticeship, skills and extra- curricular activities</b>				
<b>State any additional information you feel may be helpful to us in considering your application</b>				
<b>List professional, trade, business, or civic activities and offices held.</b> You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status: _____ _____ _____				

## References

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe \_\_\_\_\_

Are you physically unable to perform the duties of the job in which you are applying?

Yes  No

# 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, handicap or other protected status.

<b>Employer</b>		<u><b>Dates Employed</b></u> <u><b>From/ To</b></u>	<b>Work Performed</b>
Address			
Telephone number(s)			
Job Title	Supervisor		
Reason for Leaving			
<b>Employer</b>		<u><b>Dates Employed</b></u> <u><b>From/ To</b></u>	<b>Work Performed</b>
Address			
Telephone number(s)			
Job Title	Supervisor		
Reason for Leaving			
<b>Employer</b>		<u><b>Dated Employed</b></u> <u><b>From / To</b></u>	<b>Worked Performed</b>
Address			
Telephone number(s)			
Job Title	Supervisor		
Reason for Leaving			

# 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 6 months. 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 \_\_\_\_\_

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

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

### NOTES

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\_\_\_\_\_  
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