



Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YRS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK 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.

Employer:	<b>Dates Employed</b> From _____ To _____		Work Performed
Address:			
Telephone Number(s):	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	

Employer:	<b>Dates Employed</b> From _____ To _____		Work Performed
Address:			
Telephone Number(s):	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	

Employer:	<b>Dates Employed</b> From _____ To _____		Work Performed
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Employer:	<b>Dates Employed</b> From _____ To _____		Work Performed
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Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> yes <input type="checkbox"/> no	

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments: Include explanation of any gaps in employment**


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


**Describe any job-related training received in the United States Military**


**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.)


**Additional Information – Other Qualifications**

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


**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.)

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

State any additional information you feel may be helpful to us in considering your application.


**Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No Initial here: \_\_\_\_\_

**Personal/Professional References** (Do not include family members)

Name	Phone Number	Best time to call	Occupation

Name: \_\_\_\_\_ Position: \_\_\_\_\_ 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.

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 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**