

Education

	Name and address Of School	Course of Study	Years Completed	Diploma Received
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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 From	Employed To	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor	Salary Starting	Salary Final	
Reason for Leaving			

2

Employer	Dates From	Employed To	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor	Salary Starting	Salary Final	
Reason for Leaving			

3

Employer	Dates From	Employed To	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor	Salary Starting	Salary Final	
Reason for Leaving			

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

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.

Specialized Skills

Check Skills/Equipment Operated

Computer

Typewriter

Other Skills/Equipment Operated

Copy Machine

Microsoft Word

Fax Machine

Microsoft Excel

Calculator

Microsoft Power Point

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?

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 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 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 even 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 _____

Job Title _____

Hourly Rate/

Salary _____

Department _____

By _____

Name and Title

_____ Date

Notes