

EMPLOYMENT INFORMATION

DESCRIPTION OF DUTIES

Employer/Kind of Business				Position Title	Number Supervised
Street Address				Specific Duties	
City, State, Zip					
Immediate Supervisor/Title					
Dates of Employment (Month, Year) From: _____ To: _____					
Total Employed: Years: _____ Months: _____	<input type="checkbox"/> Part-Time	Hours Worked Per Week	Salary	<i>Reason for Job Change</i>	
	<input type="checkbox"/> Full -Time				

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	<input type="checkbox"/> Full -Time				

EDUCATION/SKILLS RECORD

Give your complete educational history. Transcripts of post high school coursework may be required.

		List Any Special Skills/Coursework or Heavy Equipment Operation You May Have
Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, check all that apply. <input type="checkbox"/> French <input type="checkbox"/> Sign Language (ASL) <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		

Have You Had Training/Coursework or Experience In: (Please check those that apply) <input type="checkbox"/> Typing <input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> PC/Computer Terminal <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Calculator/Adding Machine <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Shorthand/Speedwriting Types of Equipment: _____	List Computer Programs You Are Familiar with and State the Level of Proficiency
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UNIVERSITY and COLLEGE (Undergraduate, Graduate, Doctorate)

Name and Location	From		To		Total Semi. Hrs.	Total Qtr. Hrs.	Field of Study	No. of Hrs.	Date of Graduation Degree Awarded		
	Mo.	Yr.	Mo.	Yr.					Mo	Yr	Degree
Name							Major				
Location							Minor				
Name							Major				
Location							Minor				
Name							Major				
Location							Minor				


BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL or VOCATIONAL SCHOOL or MILITARY IN-SERVICE TRAINING		Dates of Attendance Month/Year		Full Time	Part Time	Degree Received		Title of Program or Subjects Taken
Name	Location	From	To			Hrs/Wk	Yes	

LICENSES and CERTIFICATES

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.

Name of Trade or Profession	License No.
Granted By	City and State
Specialty	Licensed From To

I Understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure and additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

 _____ **Use Ink** _____ **Applicant's Signature** _____ **Date**

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Applicant's Name: _____

References

References (Names)	Reference's Phone Number	Business or Association (Provide employment references only)
1.		
2.		
3.		