

EDUCATION

	Name and Address Of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
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.

Employer: _____ Dates Employed: From ___/___/___ To ___/___/___

Address: _____ Telephone Number: () _____

Hourly Starting Pay/Salary: _____ Ending Pay/Salary: _____

Job Title: _____ Supervisor Name: _____

Reason for leaving: _____

Employer: _____ Dates Employed: From ___/___/___ To ___/___/___

Address: _____ Telephone Number: () _____

Hourly Starting Pay/Salary: _____ Ending Pay/Salary: _____

Job Title: _____ Supervisor Name: _____

Reason for leaving: _____

Employer: _____ Dates Employed: From ___/___/___ To ___/___/___

Address: _____ Telephone Number: () _____

Hourly Starting Pay/Salary: _____ Ending Pay/Salary: _____

Job Title: _____ Supervisor Name: _____

Reason for leaving: _____

Employer: _____ Dates Employed: From ___/___/___ To ___/___/___

Address: _____ Telephone Number: () _____

Hourly Starting Pay/Salary: _____ Ending Pay/Salary: _____

Job Title: _____ Supervisor Name: _____

Reason for leaving: _____

List any professional, trade, business or civic activities and offices held: _____

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

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: _____ Telephone Number: _____

Address: _____

2. Name: _____ Telephone Number: _____

Address: _____

3. Name: _____ Telephone Number: _____

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 90 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, or body, 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