

EDUCATION

School	Name and Address of School	Course of Study	Years 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.

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

- PC/MAC
- Typewriter
WPM

- Spreadsheet
- Word Processing
- Shorthand
WPM

Office
Machinery (list)

Other (list)

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.

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or position for which you have applied. A review of the essential functions of such job or position has been given. YES NO

PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Organization/Occupation
1.			
2.			
3.			

How Did you Learn About Us?

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 The Executive Director 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