



**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

*Describe any specialized training, apprenticeship, and/or skills:*


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


**EMPLOYMENT EXPERIENCE**

<i>Start with your present or most recent job.</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
	<i>From:</i>	<i>To:</i>	
<i>Address</i>			
<i>Telephone Number(s)</i>	<i>Hourly Rate/Salary</i>		
	<i>Starting:</i>	<i>Final:</i>	
<i>Reason for Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
	<i>From:</i>	<i>To:</i>	
<i>Address</i>			
<i>Telephone Number(s)</i>	<i>Hourly Rate/Salary</i>		
	<i>Starting:</i>	<i>Final:</i>	
<i>Reason for Leaving</i>			
<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
	<i>From:</i>	<i>To:</i>	
<i>Address</i>			
<i>Telephone Number(s)</i>	<i>Hourly Rate/Salary</i>		
	<i>Starting:</i>	<i>Final:</i>	
<i>Reason for Leaving</i>			

(IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON SEPARATE SHEET OF PAPER.)

**ADDITIONAL INFORMATION**

<p><b><u>OTHER QUALIFICATIONS:</u></b>  <i>Summarize special job-related skills acquired from employment or other experience.</i></p>

**SPECIALIZED SKILLS** (CHECK SKILLS/EQUIPMENT OPERATED)

<p><i>State any additional information you feel may be helpful to us in considering your application:</i></p>

**REFERENCES**

1.	Name:	Telephone:
	Address:	
2.	Name:	Telephone:
	Address:	
3.	Name:	Telephone:
	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 forty-five (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

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>		
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks _____ _____		
		Interviewer: _____
		Date: _____
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Employment _____		
Job Title	Hourly Rate/Salary	Department
_____	_____	_____
By _____		_____
Name and Title		Date: