

**EMPLOYMENT APPLICATION / APPLICANT REGISTRATION SUPPLEMENT**  
 AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

Position(s) You Are Applying For			
NAME Last	First	MI	FORMER LAST NAME(S)
COMPLETE MAILING ADDRESS (Including Zip Code)			TELEPHONE NUMBER Home (     )
			Business (     )

**EDUCATION / TRAINING**

HIGH SCHOOL Name	Location (City & State)	Date Graduated or Received GED
COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL Name & Location (City & State)	DATE ATTENDED From      To	CREDITS EARNED
		MAJOR FIELD
		DEGREE CONFERRED & YEAR

Describe any other education or training you have had that is not covered above such as correspondence school, service school, inservice training, etc. Give Dates.

**SPECIAL SKILLS / QUALIFICATIONS**

CURRENT LICENSE OR REGISTRATION AS A MEMBER OF A TRADE OR PROFESSION	MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS
OFFICE SKILLS Typing - _____ words / minute Shorthand / Speedwriting - _____ words / minute	OFFICE MACHINES (Other than Typewriter) YOU CAN OPERATE SKILLFULLY
OTHER SPECIAL SKILLS AND QUALIFICATIONS	

## WORK EXPERIENCE SUMMARY

List all employment chronologically beginning with present or most recent employment first. Include any part-time, internship, or volunteer work experience. **Please provide an explanation for any gaps in your employment history.** If necessary, attach additional sheets using the format below to provide additional employment data or references. References will be contacted. Please verify that daytime number listed is accurate.

EMPLOYER NAME	LOCATION (City & State)	KIND OF BUSINESS
YOUR TITLE	YOUR DUTIES	
EMPLOYMENT DATES (Mo/Yr) - TYPE From _____ <input type="checkbox"/> Full-time To _____ <input type="checkbox"/> Part-time		
REASON FOR LEAVING		
NAME OF SUPERVISOR		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DAYTIME TELEPHONE NUMBER (     )		

EMPLOYER NAME	LOCATION (City & State)	KIND OF BUSINESS
YOUR TITLE	YOUR DUTIES	
EMPLOYMENT DATES (Mo/Yr) - TYPE From _____ <input type="checkbox"/> Full-time To _____ <input type="checkbox"/> Part-time		
REASON FOR LEAVING		
NAME OF SUPERVISOR		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DAYTIME TELEPHONE NUMBER (     )		

IF ONE OF THE REFERENCES YOU'VE PROVIDED WOULD KNOW YOU BY ANOTHER NAME, PLEASE INDICATE THAT NAME

MAY WE CONDUCT A PERSONAL BACKGROUND CHECK INCLUDING CONTACT OF YOUR REFERENCES NAMED ABOVE AND REVIEW OTHER RECORDS AS MAY BE REQUIRED FOR SOME POSITIONS?  Yes  No - Please Explain

I state that all the information on this application is true and complete to the best of my knowledge and I understand that any false job-related information may disqualify me for this position	
APPLICANT SIGNATURE	DATE SIGNED