

EDUCATION

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

EMPLOYMENT COMPLETE FOR EMPLOYMENT, **BEGINNING WITH MOST RECENT**

(USE BLANK PAGE FOR ADDITIONAL ENTRIES)

FROM / MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO / MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

EMPLOYMENT continued

FROM _____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO _____ MO. YR.	TYPE OF BUSINESS	STARTING PAY		FINAL PAY
		\$		\$
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
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BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

ADDITIONAL INFORMATION

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____ / ____	TO ____ / ____	HOW DID YOU SPEND THIS TIME? _____
FROM ____ / ____	TO ____ / ____	HOW DID YOU SPEND THIS TIME? _____

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR?
(PLEASE EXCLUDE MINOR TRAFFIC OFFENSES AND CONVICTIONS WHICH HAVE BEEN SEALED, IMPOUNDED, ERASED, EXPUNGED, ANNULLED OR NOLLED)

YES _____ NO _____

PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

IF YES, PLEASE DESCRIBE:

OFFICE SKILLS

COMPUTER SOFTWARE SKILLS (SPECIFY SOFTWARE AND PROFICIENCY LEVELS) _____

REFERENCES

PLEASE LIST THREE EMPLOYMENT REFERENCES		
NAME OF REFERENCE & RELATIONSHIP	EMPLOYER	ADDRESS AND TELEPHONE NUMBER
PLEASE LIST ONE OTHER REFERENCE		

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

During the application process and, if hired, during employment, I agree to participate (if so requested by the Company and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified professionals selected by the Company.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

I acknowledge that I have read all of the above statements, and that I understand them.

Date _____ Signature _____