



# EDUCATION

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

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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

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# EMPLOYEMENT 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.

<b>1. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>2. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>3. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
<b>4. Employer</b>		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## ADDITIONAL INFORMATION

List professional, trade, business, or civic activities and offices held. You may expunge membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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### **Other Qualifications**

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

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### **Specialized Skills (Check skills/equipment operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
_____ WPM	_____ WPM	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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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

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1.	_____	(_____) _____ - _____
	(Name)	Phone #
	_____	_____
	(Address)	(City) (State) (Zip)
2.	_____	(_____) _____ - _____
	(Name)	Phone #
	_____	_____
	(Address)	(City) (State) (Zip)
3.	_____	(_____) _____ - _____
	(Name)	Phone #
	_____	_____
	(Address)	(City) (State) (Zip)

## **For Personnel Department Use Only**

Position(s) Applied For Is Open:  YES  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Date)