

Additional Information:

*Can you, after employment, submit proof of your legal right to work in the United States? (Please check one)
_____Yes _____No

*Please check the types of employment you will accept: _____Permanent _____Temporary

Certificates and Licenses

Type	License Number	Issued By	Date Issued	Date Expires

Additional Skills

*Are you currently at least 18 years old? _____Yes _____No

How did you find out about this job?

_____Newspaper _____Word of Mouth _____Other

Military Service

Branch _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain _____

*Have you ever been fired from a job or resigned to avoid dismissal? _____Yes _____No
If "Yes", please explain below. A "Yes" answer will not necessarily bar you from state employment.

*If you are a male from the ages 18 through 25, please answer the following question "Yes" or "No". If you are not a male in this group, select "Does not apply". Are you registered with the Selective Service System?

_____Yes _____No _____Does not apply

** Required field*

Education

*High School Name _____ Location _____

Have you received a high school diploma or equivalency certificate? _____ Yes _____ No

Give the name and address of the school, major course of study, and degree achieved:

Undergraduate University _____

Graduate School _____

College Major _____

Area of Study _____

Degree Attained _____

Degree Attained _____

Year _____

Year _____

Undergraduate Semester Hours Completed	Undergraduate Quarter Hours Completed	Graduate Semester Hours Completed	Graduate Quarter Hours Completed

Work History

Describe your work experience, beginning with your current or most recent job. Provide detailed information regarding each job field. Attach extra sheets if additional space is needed. (NO RESUMES)

1. Name of Current or Most Recent

Employer _____

Job Title _____

Address _____

Phone _____ Supervisor _____

From (Month/Year) _____ / _____ To _____ / _____ Hours Per Week _____

Salary _____ Number of Employees Supervised _____

May we contact this employer? _____ Yes _____ No

Job Duties (give details)

Reason For Leaving _____

2. Your Next Most Recent

Employer _____

Job Title _____

Address _____

Phone _____ Supervisor _____

From (Month/Year) _____ / _____ To _____ / _____ Hours Per Week _____

Salary _____ Number of Employees Supervised _____

May we contact this employer? _____ Yes _____ No

Job Duties (give details)

Reason For Leaving _____

* Required field

3. Your Next Most Recent

Employer _____
Job Title _____
Address _____
Phone _____ Supervisor _____
From (Month/Year) _____ / _____ To _____ / _____ Hours Per Week _____
Salary _____ Number of Employees Supervised _____
May we contact this employer? _____ Yes _____ No
Job Duties (give details)

Reason For Leaving _____

4. Your Next Most Recent

Employer _____
Job Title _____
Address _____
Phone _____ Supervisor _____
From (Month/Year) _____ / _____ To _____ / _____ Hours Per Week _____
Salary _____ Number of Employees Supervised _____
May we contact this employer? _____ Yes _____ No
Job Duties (give details)

Reason For Leaving _____

5. Your Next Most Recent

Employer _____
Job Title _____
Address _____
Phone _____ Supervisor _____
From (Month/Year) _____ / _____ To _____ / _____ Hours Per Week _____
Salary _____ Number of Employees Supervised _____
May we contact this employer? _____ Yes _____ No
Job Duties (give details)

Reason For Leaving _____