



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Position applied for

CONTACT INFORMATION

Name (Last, First, MI):

Mailing Address:

City, State, And Zip Code:

Home Telephone:

Work Telephone:

Cell or Message Phone:

E-mail Address:

CERTIFICATION AND SIGNATURE

I hereby certify that all statements made in this application are true and complete. I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature (must be in ink):

Date:

EDUCATION AND TRAINING HISTORY

Do you have a high school diploma or GED certificate? (Check One) YES NO

List high schools, colleges, military, trade, business, or other schools attended:

Name And Location Of School	Course Of Study	Credits Earned In Quarter Or Semester Hours	Graduated (Yes/No)	Degree Or Certificate Received

SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills or knowledge that demonstrate your ability to perform the job for which you are applying (software programs, fluency in a foreign language, keyboarding speed, etc.):

WORK HISTORY

The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List ONLY the job(s) (paid, military, or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will not be accepted in place of a completed application. If you need additional space, attach a separate sheet and duplicate the same format used on this application.

JOB NUMBER 1	Job Title			
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	State	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	

DUTIES:

Reason for leaving:

JOB NUMBER 2		Job Title		
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	
DUTIES:				
Reason for leaving:				

JOB NUMBER 3		Job Title		
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	
DUTIES:				
Reason for leaving:				

JOB NUMBER 4		Job Title		
Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	
DUTIES:				
Reason for leaving:				