



## Education and Training

Circle the highest grade or year completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School																														
Training beyond High School (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate Q for quarter hours and S for semester hours		Circle the number of years in College or University 1 2 3 4 5 6 7 8																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name and Location</th> <th style="width: 10%;">Dates Attended To and From</th> <th style="width: 10%;">Credits Earned</th> <th style="width: 20%;">Major Course Of Study</th> <th style="width: 10%;">GPA/ Base</th> <th style="width: 17%;">Degree &amp; Year Graduated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and Location	Dates Attended To and From	Credits Earned	Major Course Of Study	GPA/ Base	Degree & Year Graduated																										
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Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, volunteer work, life experiences, extracurricular activities, and any other experiences which you feel are relevant to the job or jobs for which you are applying. Please specify length of time spent on these. Also include relevant licenses or certificates. BE SPECIFIC. Feel free to attach documentation.

List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received.

## Work Experience

Please provide a complete description. This information will be used to determine if your application is accepted. BE SPECIFIC. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer (most recent)		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
	Hours Worked Per Week	Hourly Wage
Job Duties	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
	Hours Worked Per Week	Hourly Wage
Job Duties	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
	Hours Worked Per Week	Hourly Wage
Job Duties	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## References

Please list references (not relatives) to contact who have knowledge of your qualifications.

Name	Title / Occupation	Company / Address	Telephone #

### READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize you, at the time of my application for employment or during the course of my employment, to obtain from any source regarding my education, experience, competence, or character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date