

APPLICATION FOR EMPLOYMENT

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SOCIAL SECURITY NUMBER

INSTRUCTIONS: Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to ALL questions.

NAME (Last)		(First)			(MI)	SUFFIX (JR., DR.)		
ADDRESS (Number and Street)								
CITY					STATE	ZIP CODE (Last 4 digits are optional)		
AREA CODE		HOME PHONE NUMBER			AREA CODE		BUSINESS PHONE NUMBER	
							EXTENSION	
Cellular Phone Number:			Area Code		Cell Phone Number		E-mail Address:	
May we call you at work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						If you are 17 years old or younger, enter your age		
What kind of position are you applying for?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Either				
EDUCATION: Have you graduated from High School or received a High School equivalency diploma?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, circle highest grade completed:		
				1 2 3 4 5 6 7 8 9 10 11 12				
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
			FROM	TO				
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								
OTHER EDUCATION								
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)								
KIND(S)		ISSUED BY	DATE ISSUED		EXPIRATION DATE	NO.		
Do you speak, read or write a language other than English?				<input type="checkbox"/> Yes (specify language)	(This information is voluntary unless required by the exam announcement.)			

SOCIAL SECURITY NUMBER:

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INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as stated on the exam announcement**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security and exam number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		# of Hours per week	Circle One Full Time Part Time
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per		Hours Per Week (Full time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: _____ DATE: _____