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You may respond to this section on a separate sheet of paper if all relevant blocks are completed and the same format is followed.

High School Name and Address: _____

Received Diploma or Equivalency Certificate? Yes No If "No," enter highest grade completed _____

| School | Name & Location of School | Course of Study | No. of Years Completed | Did You Graduate? | Degree Or Diploma |
|----------------------------------|---------------------------|-----------------|------------------------|-------------------|-------------------|
| Graduate | | | | | |
| College | | | | | |
| Business/ Trade/ Technical | | | | | |
| Other Schools | | | | | |

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List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

| Licensing Agency: Name and Location | Type of License | Endorsement/Restriction If Applicable | Date Licensed |
|--|-----------------|--|---------------|
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List other skills, education, experience and abilities below. You may also include a list of equipment that you know how to use. (If you need more space, continue on an attached sheet of paper.)

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7. EMPLOYMENT AND EXPERIENCE

List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** You may continue this section on a separate sheet of paper if all the same format is followed.

This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? **Yes** **No**

| | | |
|---|--|--|
| 1 | Name of Employer | Telephone |
| | Address | Dates Employed ____ / ____ to ____ / ____ |
| | Type of Business | Your Job Title |
| | Immediate Supervisor(s) | Avg. Hrs. Per Week |
| | Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| | Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments. | |
| | Reasons for Leaving: _____ | |

| | | |
|---|--|--|
| 2 | Name of Employer | Telephone |
| | Address | Dates Employed ____ / ____ to ____ / ____ |
| | Type of Business | Your Job Title |
| | Immediate Supervisor(s) | Avg. Hrs. Per Week |
| | Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| | Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments. | |
| | Reasons for Leaving: _____ | |

7. EMPLOYMENT AND EXPERIENCE *continued...*

| | | |
|----------|--|--|
| 3 | Name of Employer | Telephone |
| | Address | Dates Employed ____ / ____ to ____ / ____ |
| | Type of Business | Your Job Title |
| | Immediate Supervisor(s) | Avg. Hrs. Per Week |
| | Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| | Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments. | |
| | Reasons for Leaving: _____ | |

| | | |
|----------|--|--|
| 4 | Name of Employer | Telephone |
| | Address | Dates Employed ____ / ____ to ____ / ____ |
| | Type of Business | Your Job Title |
| | Immediate Supervisor(s) | Avg. Hrs. Per Week |
| | Total Time Employed ____ Years / Months <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer | |
| | Describe your duties, including knowledge, skills, abilities required, employees supervised, accomplishments. | |
| | Reasons for Leaving: _____ | |

--READ CAREFULLY--

Do Not Write On This Page

**Please make sure all required information is included
(see job vacancy announcement).**

- 1. Did you sign and date your application?**
- 2. Have you read the job announcement to see what attachments must be submitted?**
- 3. Have you checked boxes in Section 3 to indicate what attachments you have included?**
- 4. Did you indicate the specific Position Title and/or Department in Section 2?**
- 5. Did you include a complete address for each employer listed in Section 7?**
- 6. If you are claiming Veterans Employment Preference or Persons with Disabilities Employment Preference, have you completed and attached the Employment Preference Form and Documentation?**
- 7. Did you attach all the application materials required by the vacancy announcement?**