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| A. NAME AND ADDRESS OF EMPLOYER: | DATES EMPLOYED (give month and year): FROM _____ TO _____ |
| | AVERAGE NUMBER OF HOURS PER WEEK: |
| | SALARY OR EARNINGS: BEGINNING \$ _____ PER _____ ENDING \$ _____ PER _____ |
| | REASON FOR LEAVING: |
| | EXACT TITLE OF YOUR POSITION: |
| NAME OF IMMEDIATE SUPERVISOR: | TELEPHONE NUMBER: |
| NUMBER /CLASS/LEVEL OF EMPLOYES YOU SUPERVISE (D): | |

DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS IN YOUR WORK:

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| B. NAME AND ADDRESS OF EMPLOYER: | DATES EMPLOYED (give month and year): FROM _____ TO _____ |
| | AVERAGE NUMBER OF HOURS PER WEEK: |
| | SALARY OR EARNINGS: BEGINNING \$ _____ PER _____ ENDING \$ _____ PER _____ |
| | REASON FOR LEAVING: |
| | EXACT TITLE OF YOUR POSITION: |
| NAME OF IMMEDIATE SUPERVISOR: | TELEPHONE NUMBER: |
| NUMBER /CLASS/LEVEL OF EMPLOYES YOU SUPERVISE (D): | |

DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS IN YOUR WORK:

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| C. NAME AND ADDRESS OF EMPLOYER: | DATES EMPLOYED (give month and year): FROM _____ TO _____ |
| | AVERAGE NUMBER OF HOURS PER WEEK: |
| | SALARY OR EARNINGS: BEGINNING \$ _____ PER _____ ENDING \$ _____ PER _____ |
| | REASON FOR LEAVING: |
| | EXACT TITLE OF YOUR POSITION: |
| NAME OF IMMEDIATE SUPERVISOR: | TELEPHONE NUMBER: |
| NUMBER /CLASS/LEVEL OF EMPLOYES YOU SUPERVISE (D): | |

DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS IN YOUR WORK:

14. Training: **Name and phone number is required** (city and zip code, if known) of college or university. **If college degree is claimed, copy(s) of transcripts are required.** (If you expect to graduate within 9 months, give month and year you expect to receive your degree.)

| Name of School and Phone Number | Dates Attended | | Did You Graduate? | # Of Credits Completed | | Type of Degree | Major Course of Study |
|---------------------------------|----------------|----|-------------------|------------------------|-------|----------------|-----------------------|
| | From | To | Yes or No | Hours | Other | (BS, BA, etc.) | |
| High School | | | | | | | |
| Technical, Business Schools | | | | | | | |
| College, University, etc. | | | | | | | |

15. References: List three persons who are not related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Consideration for employment may be delayed until three individuals can be contacted. List accurate phone numbers.

| Full Name | Years Known | Present Business Address | Occupation | Telephone Number |
|-----------|-------------|--------------------------|------------|------------------|
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| 16. This section must be completed: I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that all statements made by me on this application are subject to investigation including verification of prior employment and education. | Signature (in ink) of applicant | Date: _____ |
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