

OTHER EXPERIENCE

SUMMARIZE ANY JOB RELATED TRAINING SKILLS, LICENSES, CERTIFICATES OR OTHER QUALIFICATIONS THAT MAY BE RELEVANT TO THE POSITION THAT YOU ARE SEEKING: _____

EDUCATION

Name	Address	Degree Type or Certification
HIGH SCHOOL		
COLLEGE		
OTHER		

LICENSURES AND/OR CERTIFICATIONS

TYPE	STATE OF ISSUANCE	EXPIRATION

SKILLS PERTINENT TO YOUR APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> TYPING _____ WPM | <input type="checkbox"/> ELECTRICAL REPAIRS |
| <input type="checkbox"/> SHORTHAND _____ WPM | <input type="checkbox"/> CARPENTRY |
| <input type="checkbox"/> DICTATION/TRANSCRIPT | <input type="checkbox"/> ADMINISTRATIVE _____ |
| <input type="checkbox"/> CODING | <input type="checkbox"/> MANAGERIAL _____ |
| <input type="checkbox"/> COMPUTER | <input type="checkbox"/> OTHER: List office machines that you use _____ |

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related, I hereby release from liability the employer and its representatives for seeking such information and all other persons, of corporations for furnishing such information.

SIGNATURE OF APPLICANT: _____

Date _____

Print Name: _____

EMPLOYMENT HISTORY

It is your responsibility to ensure that all information is accurate. You may attach your resume; however, the application must be completed also. If you have used any other name other than what is listed on this cover page, please give: _____

PLEASE NOTE: Telephone numbers must accompany your past or present employer to be considered employment history.

List from PRESENT to LAST		Name of Employer
FROM	TO	
Mo/Yr	Mo/Yr	Address:
		City:
		Supervisor/Dept: State: Zip Code:
		Your position: Title: Telephone:
		Major Duties:
		Reason for Leaving: Final Salary \$ per
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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