

EDUCATION INFORMATION				
Institution	Name, City, State	Course of Study/Major	Credit Hours Completed Or Year Finished	Diploma/Degree/ Currently Pursuing
High School or GED (circle one)				
College/University				
Graduate				
Technical/Trade/Other				

COMPUTER SKILLS					
Software Programs	Proficiency Level				Comments
MS Word	N/A	Beginner	Intermediate	Advanced	
MS Excel	N/A	Beginner	Intermediate	Advanced	
MS PowerPoint	N/A	Beginner	Intermediate	Advanced	
MS Outlook	N/A	Beginner	Intermediate	Advanced	
MS Access	N/A	Beginner	Intermediate	Advanced	
Other					

Words per minute typed:

CERTIFICATIONS, TRAINING AND AWARDS

Please list any related certifications, training, or experiences that may further qualify you for the position(s):

Please list any special recognition or awards that you have received throughout your employment or academic history:

MILITARY EXPERIENCE

Branch	Rank at Discharge	Period of Active Duty	Date of Final Discharge
		From: To:	

Describe Duties/Training:

REFERENCES

List three non-supervisory work references not related to you. If not applicable, list three school or personal references not related.

Name	Company	Phone	Number of Years Known

WORK EXPERIENCE – Include up to the past 10 years of work history, use separate sheet if necessary

Current or Last Employer:		Address:	
Job Title:		Starting Pay: \$ per	Ending Pay: \$ per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs. Mos.	Part Time? Yrs. Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

Employer #2:		Address:	
Job Title:		Starting Pay: \$ per	Ending Pay: \$ per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs. Mos.	Part Time? Yrs. Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

Employer #3:		Address:	
Job Title:		Starting Pay: \$ per	Ending Pay: \$ per
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed: (mo/yr)	Date Separated: (mo/yr)	Supervisor Name/Title:	
		Supervisor Phone:	
Full Time? Yrs. Mos.	Part Time? Yrs. Mos.	Describe Job Duties:	
Last Name While Employed	If Part Time, Number of Hours/Week:		
Reason for Leaving:			

APPLICANT CONSENT

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize employers, educational institutions, associations, licensing boards, and others to furnish whatever detail is available concerning my qualifications, and furthermore release such persons and organizations from any legal liability in making such statements. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I further understand this is an application for employment and no contract of employment is being offered.

Signature of Applicant: _____ Date: _____