

APPLICANT SIGNATURE _____ DATE _____

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a résumé *in addition to* completing this section. If applying for a civil service examination, only the information provided below will be considered. A résumé may not be used.

If you need additional space, attach extra copies of this page.

Employer _____	Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____		To _____ / _____ / _____ Month Day Year
City _____	State _____ Zip _____	Salary _____
Reason for Leaving _____		Supervisor's Name and Title _____
Job Title _____	Job Duties _____	

Employer _____	Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____		To _____ / _____ / _____ Month Day Year
City _____	State _____ Zip _____	Salary _____
Reason for Leaving _____		Supervisor's Name and Title _____
Job Title _____	Job Duties _____	

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City _____	State _____ Zip _____	Salary _____
Reason for Leaving _____		Supervisor's Name and Title _____
Job Title _____	Job Duties _____	

EDUCATION

High School Graduate? ☐ NO ☐ YES

Name and Location of High School (city and state) _____

GED Certificate Number _____ GED Issued by _____

Are you currently attending school (for College Intern and Student Help positions)?

☐ NO ☐ YES Level: _____

POST-HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may *not* be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

TRAINING AND OTHER QUALIFICATIONS

(Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: _____

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including typing: _____

List any additional relevant skills you have: _____