

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

- | | | | |
|---|------------------------------|-----------------------------|------------|
| Were you ever dismissed from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date _____ |
| Did you ever resign from any employment rather than face dismissal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Were you ever convicted of any violation of law other than a minor traffic violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Do you currently have any criminal charges pending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable?" | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Did you ever forfeit bail or bond posted to guarantee your appearance in court to answer a criminal charge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Provide an explanation to any of the above for which you marked "Yes." _____

License/Certification – Submit a copy of the license/certification with your application

Do you have a license, certification, or other authorization to practice a trade or profession? Yes No
 Is this license/certification permanent? Yes No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

High School Education

Have you received a High School Diploma? Yes No Check the highest grade completed 8 9 10 11 12

If yes, provide name & location of the high school or issuing government authority: _____

If no, have you received a General Equivalency Diploma (GED)? Yes No Submit a Copy or Indicate # _____

Education above high school level – Official college transcripts must be submitted if not already on file

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Training

Other training you received (i.e. work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____
_____	_____

Work/Volunteer Experience Form – one employer per page (make additional copies for each experience relevant to the position applying for)

Candidate Name: _____
Last First Middle

Start Date: _____ End Date: _____ Hours worked per week: _____
(Month/Day/Year) (Month/Day/Year) (Average)

Name, address & phone number of employer: _____

Reason(s) for leaving: _____

Your job title(s): _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Did you supervise anyone? Yes No Number supervised: _____ Type of Supervision: _____
(general, direct, lead worker)

Description of duties: _____ %
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Total amount of time (percentages) should equal (100%)

All statements are subject to verification. Do you have any objection to our contacting present or past employers to verify the above? Yes No If yes, comment: _____

 Signature

 Date