



POSITION BEING APPLIED FOR: _____

NAME & CONTACT INFORMATION

NAME: _____
 FIRST MI LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EDUCATION & TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA OF GED? YES NO

HIGHEST GRADE COMPLETED

SCHOOL: _____ ADDRESS, CITY & STATE: _____

DATES ATTENDED: _____ / _____ TO FROM MAJOR CC MAJOR COURSE OF STUDY: _____

COLLEGE AND GRADUATE SCHOOL INFORMATION

<u>NAME/LOCATION OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>MAJOR</u>	<u># OF CREDITS</u>	<u>DEGREE</u>

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THIS JOB

<u>TITLE OF PROGRAM/COURSES</u>	<u>COMPANY/SCHOOL</u>	<u>DATES ATTENDED</u>	<u># OF CREDITS</u>

WORK EXPERIENCE

JOB #1

NAME OF EMPLOYER: _____

EMPLOYERS ADDRESS: _____

TYPE OF BUSINESS: _____ JOB TITLE: _____

SUPERVISORS NAME & PHONE #: _____

DATES OF EMPLOYMENT: FROM / / TO / /

JOB DUTIES:

REASON FOR LEAVING:

JOB #2

NAME OF EMPLOYER: _____

EMPLOYERS ADDRESS: _____

TYPE OF BUSINESS: _____ JOB TITLE: _____

SUPERVISORS NAME & PHONE #: _____

DATES OF EMPLOYMENT: FROM / / TO / /

JOB DUTIES:

REASON FOR LEAVING:

JOB #3

NAME OF EMPLOYER: _____

EMPLOYERS ADDRESS: _____

TYPE OF BUSINESS: _____ JOB TITLE: _____

SUPERVISORS NAME & PHONE #: _____

DATES OF EMPLOYMENT: FROM / / TO / /

JOB DUTIES:

REASON FOR LEAVING:

FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT.

ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH? Y / N

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, GIVE DATE, PLACE OF CONVICTION, CHARGE & DISPOSITION OF EACH CASE. NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. PLEASE WRITE THIS INFORMATION ON A SEPARATE SHEET OF PAPER & ATTACH IT TO THIS APPLICATION.

DATE: ____/____/____ SIGNATURE: _____
MONTH DAY YEAR

AVAILABLE FOREEMPLOYMENT WHICH IS:

FULL TIME	PART TIME	TEMP	CONTRACT

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR EMPLOYMENT. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. VERIFICATION WILL BE COMPLETED BY THE APPOINTING AUTHORITY.

I HEREBY AFFIRM THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATION AND THAT THIS INFORMATION GIVEN TO ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT A FALSE STATEMENT IS PUNISHABLE UNDER LAW BY FINE OR IMPRISONMENT.

SIGNATURE: _____ DATE: / /



-

-

