



**EMPLOYMENT EXPERIENCE**

Start with your present or most recent. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, disabilities or other protected status.

Name and Address of Company and Type of Business	From		To		Starting Salary per	Ending Salary per -	Reason for Leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Duties:							
Telephone:								
Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Supervisor
	Duties:							
Telephone:								
Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Supervisor
	Duties:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience except \_\_\_\_\_.

Signature: \_\_\_\_\_

**SPECIALIZED SKILLS**

Indicate any skills acquired through training and/or experience:

Typing Speed \_\_\_\_\_ wpm

Software Packages (list any you are proficient with): WORD EXCEL POWERPOINT QUICKBOOKS FRONTPAGE, Others:

\_\_\_\_\_

If applicable, do you have a current driver's license? \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application (specialized training, skills):

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**PERSONAL REFERENCES** (Do not include former employers or relatives):

NAME & relationship	ADDRESS	TELEPHONE

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in the application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing same to you. This application is not a contract and cannot create a contract. My signature below certifies that I have read and understand the statements contained in this document and agree to the terms and conditions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CERTIFICATION** I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_