

Have you ever had a state license or state certification revoked and/or suspended? __Yes __No

If Yes, please explain_____

EDUCATION

<u>Name and Address of School</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Diploma Degree</u>
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High School

Undergraduate College

Graduate Professional

Other (Specify)

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed From/To	Work Performed
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Address

Telephone Number(s) Hourly Rate/Salary Starting/Final

Job Title Supervisor

Reason for Leaving

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employer	Dates Employed From/To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	Starting/Final
Job Title	Supervisor	
Reason for Leaving		

Employer	Dates Employed From/To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	Starting/Final
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Address		
Telephone Number(s)	Hourly Rate/Salary	Starting/Final
Job Title	Supervisor	
Reason for Leaving		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to use in considering your application.

REFERENCES

Name	Telephone
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Address

Name	Telephone
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Address

Name	Telephone
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Address

APPLICANT'S STATEMENT

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, cases of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. In consideration of my employment, I agree to conform to the rules and regulations of the Employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment relationship is at will. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date

Signature of Applicant

FOR EMPLOYER USE ONLY

Position(s) Applied For Is Open: ___Yes ___No
Position(s) Considered For: _____
Date: _____

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