



8. Experience - Starting with the most recent, describe all paid, military, and applicable volunteer experience. Attach additional sheets if necessary. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

a. Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Salary \_\_\_\_\_

May we contact your supervisor? \_\_\_\_\_yes \_\_\_\_\_no

b. Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Salary \_\_\_\_\_

May we contact your supervisor? \_\_\_\_\_yes \_\_\_\_\_no

c. Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Salary \_\_\_\_\_

May we contact your supervisor? \_\_\_\_\_yes \_\_\_\_\_no

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. References - List name, address, phone number, and relationship of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

10. Miscellaneous

a. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? \_\_\_yes \_\_\_no. Under The Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

b. What method of transportation will you use to get to work? \_\_\_\_\_  
If you will be using a personal vehicle, do you have insurance on this vehicle?  
\_\_\_\_\_ Comprehensive? \_\_\_\_\_ Liability? \_\_\_\_\_ Carrier?

c. Have you ever served in the Armed Forces of the United States? \_\_\_ yes \_\_\_ no  
What branch? \_\_\_\_\_ Dates of duty from (mo/day/yr) \_\_\_\_\_ to \_\_\_\_\_  
Rank at discharge? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

d. Have you ever been convicted of a law violation(s), including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? \_\_\_yes \_\_\_ no. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

e. When will you be available to start work? \_\_\_\_\_Month \_\_\_\_\_Day \_\_\_\_\_Year

11. Certification - Each application requires current date and original signature.

I hereby certify that all entries on this application and attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may be considered sufficient cause for dismissal. I understand that all information on this application is subject to verification. I consent to references and former employers listed being contacted regarding this application, unless otherwise noted. Due to the nature of the work of this agency, I consent to a criminal record check.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_