

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment.

PLEASE GIVE MONTH AND YEAR

Name of Employer _____

Name and Title of Supervisor

Address _____

Dates employed: from _____ to _____

City, State, Zip _____

Starting/ending pay start _____ end _____

Telephone _____

Email _____

Title

Reason for leaving

Duties

Name of Employer _____

Name and Title of Supervisor

Address _____

Dates employed: from _____ to _____

City, State, Zip _____

Starting/ending pay start _____ end _____

Telephone _____

Email _____

Title

Reason for leaving

Duties

Name of Employer _____

Name and Title of Supervisor

Address _____

Dates employed: from _____ to _____

City, State, Zip _____

Starting/ending pay start _____ end _____

Telephone _____

Email _____

Title

Reason for leaving

Duties

Have you ever been convicted of any crime (excluding minor traffic violations) Yes ___ No ___

(A conviction will not necessarily be a bar to employment)

If yes, state the offense, location, date, and disposition. _____

Do you have a valid driver's license? Yes ___ No ___ Which state? ___ Type? _____

Do you have automobile insurance? Yes ___ No ___

EDUCATION

NAME OF SCHOOL	City	State	YEARS COMPLETED			
High School			9	10	11	12/GED
College			1	2	3	4
Graduate School/Technical/Trade School/other						
Major			Minor			

COMPUTER SKILLS

Summarize any software packages in which you are proficient, that you believe would be relevant to the position for which you are applying.

Please list three business associates who you have reported to or worked with.

NAME	RELATIONSHIP AND NUMBER OF YEARS ACQUAINTED	PHONE NUMBER

AFFIDAVIT:

The information I have provided in this application (and any resume submitted) is true and complete to the best of my knowledge. I am aware that any omission or falsified information may disqualify me from further consideration for employment and may be considered justification for my immediate dismissal if discovered at a later date.

I understand that this application will remain effective for 90 days and must be renewed in writing, in person, in order for me to be considered for employment.

I hereby authorize WHSCDA to contact any organization or individual listed on this application to investigate my employment history, character, and qualifications.

Signature _____ Date _____

ORGANIZATION USE ONLY:

Interviewed by: _____

Date: _____