

APPLICATION

POSITION

APPLIED FOR: _____

On what basis are you available for employment? Full time Part time

How did you learn about the position? _____
(Newspaper, radio, personnel announcement, walk in, etc.)

PLEASE FOLLOW THESE GENERAL INSTRUCTIONS

1. Read the position description and be sure you meet the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts, and documents at time of application.
4. A completed EQUAL EMPLOYMENT OPPORTUNITY SURVEY form should accompany this application.

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes No
Dates of active duty _____
from _____ to (mo., day, yr.) _____

Are you a member of the reserves or national guard?
Yes No

Those wishing to claim veteran's preference MUST SUBMIT
PROOF OF SERVICE (DD 214) which includes dates of active duty!

Have you ever filed an application with the Employer?

Yes No Dates _____

Have you ever been employed by the Employer? Yes No

(Mandatory for Law Enforcement or Firefighter Applicants Only)

Date of birth _____
Month Day Year

Can you, after employment, submit verification of your legal right to
work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been discharged or asked to resign from employment? Yes No

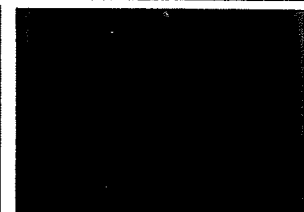
Have you ever been convicted of a crime other than minor traffic violation? Yes No

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or
abilities? Yes No Other information _____

**IF YOU ANSWER "NO" AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN
OFFER YOU A JOB, WE WILL CONTACT YOU FIRST.**

Is there any reason why you would be unable to perform the essential functions of the job for which you are
applying? _____ If yes, please explain. _____

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS
ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM
EMPLOYMENT.**



PRINT OR TYPE

Social Security Number

Last Name _____ First Name _____ Middle Name or Initial _____

Address (Number and Street) _____ City _____ County _____

State _____ Zip _____ Phone (area code) Number _____

Name and phone number of person who will know where you may be contacted
Are you at least eighteen years of age? Yes No

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Application Received _____

Application Reviewed by _____

Application meets or exceeds minimum qualifications for position Yes No

If no, explain deficiencies below.

We are an equal opportunity employer. In accordance with state and federal laws, we do not discriminate on the basis of age, sex, race, religion, color, national origin, marital status or disability.

EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

1. Present or last employer _____ Date Employed _____
 Address _____ City _____ State _____ Date Separated _____
 Phone _____ Total Months Employed _____
 Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
 Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
 Your Title _____ Last or present Salary \$ _____ Per _____ or No. of Hours _____
 Specific Duties: _____

 Reason for Leaving: _____

2. Employer _____ Date Employed _____
 Address _____ City _____ State _____ Date Separated _____
 Phone _____ Total Months Employed _____
 Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
 Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
 Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____
 Specific Duties: _____

 Reason for Leaving: _____

3. Employer _____ Date Employed _____
 Address _____ City _____ State _____ Date Separated _____
 Phone _____ Total Months Employed _____
 Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
 Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
 Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____
 Specific Duties: _____

 Reason for Leaving: _____

(Employment Record Continued on Page 3)

Do you possess a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you use a typewriter? Yes <input type="checkbox"/> No <input type="checkbox"/> Speed _____
Do you possess a valid Commercial Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you write Shorthand? Yes <input type="checkbox"/> No <input type="checkbox"/> Speed _____
If yes to above, what state? _____	
List below any motorized equipment you can operate: _____ _____ _____	List below any office machines you can operate: _____ _____ _____

EMPLOYMENT RECORD (Continued)

4. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____
Specific Duties: _____

Reason for Leaving: _____

5. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____
Specific Duties: _____

Reason for Leaving: _____

6. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ _____ Per _____ Part-time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____
Specific Duties: _____

Reason for Leaving: _____

List any in-service training or instruction courses or programs you have completed with the above listed employers. _____

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

FOR OFFICE USE ONLY — Do Not Write Below This Line —

Name of trade or profession _____ License Number _____
Granted by _____ City and/or State of _____
Specialty _____ Licensed From _____ To _____

EDUCATION RECORD

1. *GRAMMAR OR HIGH SCHOOL

Did you graduate from high school? Yes No

Circle grade last completed: 1 2 3 4 5 6 7 8 9 10 11 12

*Name of last school attended _____

Location (City/State) _____

2. VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name and Location	From		To		Number of Hours Attended per Wk.	Number of Credits Sem/Quart	Subjects Studied	Diploma, or Certificate obtained Mo./ Yr.
	Mo.	Yr.	Mo.	Yr.				
Name _____								
Location _____								
Name _____								
Location _____								
Name _____								
Location _____								

NOTE: If you are applying for a position that requires a certification of completion, please submit a copy of your official documents or transcripts.

3. UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From		To		Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of Hours
	Mo.	Yr.	Mo.	Yr.				
Name _____								
Location _____								
Name _____								
Location _____								
Name _____								
Location _____								
Name _____								
Location _____								
Name _____								
Location _____								

Did you graduate? Yes No Degree Received _____ Date Received _____

If you plan to graduate within eight months, please indicate anticipated date. _____

NOTE: If you are applying for a position that requires college education or graduation, please submit a copy of your official college transcript.

MOST IMPORTANT - PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: 1. completed all parts of the application listing every job which you have held; 2. enclosed copies of documents requested such as a college transcript, or special license; and 3. read the statement below, and signed the application?

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

- | | |
|---|--|
| <p>1. I am aware that all statements submitted on this application are subject to investigation and verification.</p> <p>2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application.</p> | <p>3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or school require such a release.</p> <p>4. I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed, termination from the Employer.</p> |
|---|--|

SIGN HERE
IN INK _____

Date _____