

	Elementary					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you may have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe _____

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p>

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

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

If you need additional space, please continue on back of this sheet.

I Certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically as knowledged in writing by authorized officer of this county organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also; that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employers. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Complete Only The Sections Below That Have Been Checked

Current Job

	Check One of the Following: (Ethnic Origin)
	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any of the Following are Applicable
	<input type="checkbox"/> War Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birthday / /

Interviewed By: _____ Date: / /

Hired: Yes No Position: _____ Department: _____

Salary/Wage: _____ Reporting to Work Date: / /

Approved: 1) _____ 2) _____ 3) _____
Supervisor Department Head Appointing Officer