

Employment History

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, disabilities or other protected status.

<p>1. EMPLOYER Telephone # _____</p> <p style="text-align: center;">()</p> <p>Street address _____ City _____ State _____</p> <p>Starting job title/final job title _____</p> <p>Immediate supervisor and title (for most recent position held) _____</p> <p>Why did you leave? _____</p>	<p style="text-align: center;">Month Year Month Year</p> <p>Dates employed: / to /</p> <hr/> <p style="text-align: center;">Compensation (Starting):</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____</p> <p style="text-align: center;">Compensation (Final):</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____</p>
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Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you like least about the position?

<p>2. EMPLOYER Telephone # _____</p> <p style="text-align: center;">()</p> <p>Street address _____ City _____ State _____</p> <p>Starting job title/final job title _____</p> <p>Immediate supervisor and title (for most recent position held) _____</p> <p>Why did you leave? _____</p>	<p style="text-align: center;">Month Year Month Year</p> <p>Dates employed: / to /</p> <hr/> <p style="text-align: center;">Compensation (Starting):</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____</p> <p style="text-align: center;">Compensation (Final):</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____</p>
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Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you like least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Professionals and Technical Applicants Only

Professional License No.	Type of License	Place of Issue	Expiration Date
			/ /
			/ /

Membership in professional organizations: If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please give date, location, and disposition of your case _____

Education and Training

Name and Address Of School	Course of Study	No. of Years Completed	Diploma/Degree

Do you speak, read or write in any language other than English? Yes No

If yes, please describe _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities. (Activities which would be beneficial for this position)

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

List professional, trade, business or civic activities and offices held. Also include any accomplishments or awards you have received. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

