



**EDUCATION AND TRAINING**

Indicate the Last Level of Education Completed: \_\_\_\_\_

High School:  1  2  3  4      College:  1  2  3  4      Graduate School:  1  2  3  4

Name of High School: \_\_\_\_\_ Did you graduate?  YES  NO

Do you have a GED?  YES  NO      If yes, date received: \_\_\_\_\_

College, Vo-Tech, or Other Education:

College Name City, State	Dates Attended	Area(s) of Study	Total Credit Hours Earned	Degree or Certificate?

Please describe any other types of Education or Training:

What is your desired salary? \_\_\_\_\_ per \_\_\_\_\_ (hour, week or year)

Earliest date you are available for employment: \_\_\_\_\_

Indicate hours per week available to work: \_\_\_\_\_

Schedule desired:

- Full-Time
- Part-Time

Could you work overtime?

- YES
- NO

**EMPLOYMENT HISTORY**

Please begin with your current employment first. Include all work related internships, military service, and volunteer work.

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week or year)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities:

May We Contact Your Employer:  YES  NO

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ *(hour, week or year)*

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities:

May We Contact Your Employer:  YES  NO

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week or year)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities:

May We Contact Your Employer:  YES  NO

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week or year)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities:

May We Contact Your Employer:  YES  NO

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week or year)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities:

May We Contact Your Employer:  YES  NO

**PROFESSIONAL REFERENCES**

Please list three professional references, who are not relatives, who have knowlege of your qualifications, work habits, character, and reliability.

Name	Title	Company	Telephone	Professional Relationship

**RELEASES AND SIGNATURE**

I understand that in connection with my application for employment and as a condition of continuing employment, investigative background inquiries may be made on me that may include employment history, schools, criminal convictions, motor vehicle, consumer credit, and other reports. These reports may include information as to my character, work habits, work performance, reasons for leaving previous employers, and compensation from previous employers. Further, I understand that the company may request information from various federal, state and tribal agencies which maintain records for my past activities related to my criminal, driving, credit and other experiences, as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted to furnish the above information and release all parties involved from liability and responsibility for doing so. I hereby consent to the company obtaining the above information from the individuals, educational institutions, and employers that I have listed on this application. This authorization and consent shall be valid in original, fax or copy form.

Applicant's Initials: \_\_\_\_\_

I release and agree to hold harmless any individual, company, business institution, educational institution or government agency from all liability with regard to furnishing information to the company. I further agree to release and hold harmless the company, from all liability with respect to the receipt of such information.

Applicant's Initials: \_\_\_\_\_

I hereby authorize the company to utilize information contained on this application including work experience and education as needed regarding reports or contract bidding.

Applicant's Initials: \_\_\_\_\_

I hereby certify and declare that the information I have furnished on this application are true and complete. I understand that if any misrepresentation has been made on this application, any offer of employment made to me may be withdrawn or if hired, my subsequent employment may be terminated.

**Notice to Applicant:** This company is an EEO/American Indian Hiring Preference Employer. Please see attached Voluntary Applicant Information Form for further information.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**