

Are you available to work: ___Weekends, ___Variable
Date available: _____, Hours/days not available:_____

Military Service

Date Entered	Date Discharged	Branch	Final Rank	Military Occupational Specialty
--------------	-----------------	--------	------------	---------------------------------

Education/Training

<u>School Attended:</u>	<u>City/State:</u>	<u>Circle Level Completed:</u>	<u>Degree Obtained:</u>
High School		9 – 10 – 11 – 12 – GED	
College		F – S – Jr – Sr	
Graduate School		Graduate Major and Hours	
Business School		Courses Taken	
Vocational School		Courses Taken	

Licenses, Special Certificates or Skills

Indicate any foreign languages you can speak, read and/or write.

Speak _____, Read _____, Write _____

Typing Speed	Shorthand Speed	Do you operate a 10-key adding machine ___Yes ___No ___Sight ___Touch
--------------	-----------------	--

Office Machines

Software Programs

Heavy Equipment or Other Machinery

CPR___, First Aid___, EMT-B___, Other___

Please indicate any other information you would like us to consider.

Employment History

List below your complete employment record starting with your present or last employer. Include any unemployed or self-employed periods, showing dates and Locations. Please use a "Supplemental History" sheet, after filling this page and the next, for longer employment history.

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:

Company Name	Type of Business	From (Mo/Yr) To (Mo/Yr)
Address	Phone	Your Job Title
City/State/Zip Code	Starting Monthly Pay	Last Monthly Pay
Supervisor's Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week

If you supervised employees, please indicate number and give dates.

Duties:

Reasons for leaving:
