

EMPLOYMENT HISTORY

Instructions: Please provide a complete employment history. Listing all positions held, including military, part-time, summer, and volunteer. Use additional sheets if necessary. If submit a resume, you must complete all information except "duties".

PRESENT OR MOST RECENT POSITION:

Employer Name:	Dates Employed From ____/____ To ____/____	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$_____ Final \$_____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

FORMER POSITION:

Employer Name:	Dates Employed From ____/____ To ____/____	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$_____ Final \$_____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

FORMER POSITION:

Employer Name:	Dates Employed From ____/____ To ____/____	Duties
Address:		
Telephone Number(s):	Hourly Rate/Salary Start \$_____ Final \$_____	
Job Title:		
Name and Title of Supervisor:		
Reason For Leaving: _____		
Number of Employees Supervised: _____ Types of employees supervised: _____		

OTHER QUALIFICATIONS

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

OTHER QUALIFICATIONS

Special Qualification: (Include active technical/professional licenses and academic or professional awards, etc.)

Additional Information

List below any additional information you consider pertinent to your application for employment.

GENERAL INFORMATION

Affirmative responses to the following questions will not automatically exclude you from employment consideration.

Have you ever been dismissed or asked to resign from any position for reasons other than disability? _____

If Yes, please explain: _____

Have you ever been convicted of an offense in an adult court? _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.: _____

PROFESSIONAL REFERENCES

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

The information on this application is accurate and may be verified by the Community Action Council, An Equal Opportunity Employer. I understand and agree that any misleading or incorrect statements may render my application void and could be cause for dismissal in the event of employment.

Signature of Applicant

Date