

C. EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment held for the past 10 (ten) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary.

1. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

2. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

3. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

4. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

5. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

6. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

7. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

8. Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

D. MILITARY HISTORY

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ YES _____ NO

2. DATES OF SERVICE: FROM _____ TO _____

BRANCH OF SERVICE: _____

UNIT DESIGNATION: _____

MILITARY SERVICE NUMBER: _____

HIGHEST RANK HELD: _____

TYPE OF DISCHARGE: _____

3. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC)? _____ YES _____ NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL:

NAME	ADDRESS	DATES ATTENDED		GRADUATED	
		FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. COLLEGE:

(a) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
ADDRESS: _____
DATES ATTENDED: FROM _____ TO _____
CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
DEGREE RECEIVED, IF ANY: _____ DATE: _____

(b) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
ADDRESS: _____
DATES ATTENDED: FROM _____ TO _____
CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
DEGREE RECEIVED, IF ANY: _____ DATE: _____

(c) NAME OF COLLEGE OR UNIVERSITY ATTENDED: _____
ADDRESS: _____
DATES ATTENDED: FROM _____ TO _____
CREDIT HOURS EARNED: _____ MAJOR/MINOR: _____
DEGREE RECEIVED, IF ANY: _____ DATE: _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.). GIVE THE NAME AND ADDRESS OF THE SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE EARNED, AND ANY OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS AND SKILLS

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.). INDICATE THE LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION:

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE:

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU MAY POSSESS:

G. LEGAL

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE, OR SUMMONSED INTO COURT? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING (LIST JUVENILE AS WELL AS ADULT OCCURRENCES):

CRIME CHARGED	POLICE AGENCY CITY/STATE	DATE	DISPOSITION OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. MOTOR VEHICLE OPERATION

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ YES _____ NO
IF YES, GIVE THE DATE, LOCATION, AND REASONS:

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? _____

3. TO THE BEST OF YOUR MEMORY, LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

MONTH & YEAR	CHARGE	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS:

I. RELATIVES, REFERENCES, ACQUAINTANCES

1. MARITAL STATUS:
_____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

2. IF MARRIED:

DATE OF MARRIAGE: _____ CITY AND STATE: _____

SPOUSE'S NAME (WIFE'S MAIDEN NAME): _____

3. IF EVER SEPARATED, DIVORCED, OR WIDOWED:

DATE OF MARRIAGE: _____ CITY AND STATE: _____

SPOUSE'S NAME (WIFE'S MAIDEN NAME): _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

_____ SEPARATED _____ DIVORCED _____ ANNULLED

DATE OR ORDER OR DECREE: _____

COURT AND STATE WHERE ISSUED: _____

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED, AND FOSTER CHILDREN):

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ALL OTHER DEPENDENTS:

NAME	RELATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES (IF DECEASED, PLEASE INDICATE. INCLUDE MOTHER'S MAIDEN NAME):

NAME	ADDRESS	PHONE	RELATION	AGE
_____	_____	_____	FATHER	_____
_____	_____	_____	MOTHER	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. REFERENCES OR ACQUAINTANCES – LIST FIVE (5) PERSONS WHO YOU KNOW WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

(1) Full Name: _____ Business Address: _____ Business Phone: _____	Relationship: _____ Years Known: _____ Home phone: _____
(2) Full Name: _____ Business Address: _____ Business Phone: _____	Relationship: _____ Years Known: _____ Home phone: _____
(3) Full Name: _____ Business Address: _____ Business Phone: _____	Relationship: _____ Years Known: _____ Home phone: _____
(4) Full Name: _____ Business Address: _____ Business Phone: _____	Relationship: _____ Years Known: _____ Home phone: _____
(5) Full Name: _____ Business Address: _____ Business Phone: _____	Relationship: _____ Years Known: _____ Home phone: _____

K. FINANCIAL HISTORY

SOURCES OF INCOME:

1. WHAT IS YOUR PRESENT SALARY OR WAGE? _____

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

_____ YES _____ NO

IF YES, HOW MUCH? _____

HOW OFTER? _____

LIST THE SOURCE: _____

3. DO YOU OWN ANY REAL ESTATE? _____ YES _____ NO VALUE: \$ _____

LOCATION: _____

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER? _____ YES _____ NO VALUE: \$ _____

5. DO YOU OWN ANY CORPORATE STOCK? _____ YES _____ NO VALUE: \$ _____

6. DO YOU HAVE A BANK ACCOUNT? _____ YES _____ NO

SAVINGS: AVERAGE BALANCE: \$ _____

BANK NAME: _____

BANK ADDRESS: _____

CHECKING: AVERAGE BALANCE: \$ _____

BANK NAME: _____

BANK ADDRESS: _____

7. **FINANCIAL OBLIGATIONS: LIST NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND OTHER ANY DEBTS AND PAYMENTS. INCLUDE ACCOUNT NUMBERS WHERE APPLICABLE.**

TYPE	NAME OF CREDITOR	ADDRESS OF CREDITOR	REASON FOR DEBT OR ITEM PURCHASED	ACCOUNT NUMBER	TOTAL BALANCE	MONTHLY PAYMENTS
					TOTAL	

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT (IN FULL)

DATE COMPLETED