

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than 2 years ago; (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program?

Yes No

If Yes, please state the date of the conviction, the county and state, and the nature of the offense. **NOTE:** An affirmative response to this question will not result in your automatic disqualification of employment.

Date of Conviction County State

Nature of Offense:

Skills

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
Other Training/Skills (include bilingual ability if relevant) to the position for which you are applying:	
CPR/First Aid Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/> Issue Date:	
Branch of Military Service:	State Dates: From To
State relative skills acquired during military service: _____	

Professional & Technical Applicants Only

Professional License Number:	Expiration Date	Type of License:	State:
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Is there any reason why you would not be able to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes," please explain: _____

Education	High School	College	Trade, Professional School or Other
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

We are an Equal Opportunity Employer

Work Experience

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (if still employed)			

For Company Use Only

Interviewed: Yes No

Remarks: _____

Employed: Yes No Starting Date: _____

Job Title: _____ Salary: _____ Dept: _____

By: _____ Date _____
Name and Title