

5. Are you 18 years of age or older? YES NO If no, you must supply a work permit.

Are you a citizen of the United States? YES NO If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**? YES NO
 If YES, **NAME AND LOCATION OF HIGH SCHOOL:** _____

OR

High School Equivalency Diploma (GED or TASC)? YES NO
 If YES, **GOVERNMENT AUTHORITY (HSE) NUMBER:** _____
 (If you are unable to provide a number, you must submit other proof of completion)

6. EDUCATION
 Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EARNED OR EXPECTED
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					

7. LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR THE POSITION

NAME OF COURSE	DIVISION	CREDIT HOURS	NAME OF COURSE	DIVISION	CREDIT HOURS
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

8. LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION

Skill, Trade, or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)	
			From	To
			/ /	/ /
			/ /	/ /
			/ /	/ /

9. DRIVER'S LICENSE: (Complete only if the position for which you are applying requires one.) Number _____ State _____
 Date of Expiration ___ / ___ / ___ Class of License _____ Endorsements _____ Restrictions _____

10. EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **You may include a resume, but you MUST also complete this section or your application may be disapproved.** Under “DUTIES” describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

