



**MILITARY** (Complete this section if you served in the U.S. Armed Forces)

Branch of Service	From	To	Period of Active Duty	Date of Discharge	Rank at Discharge
-------------------	------	----	-----------------------	-------------------	-------------------

Describe Your Duties

Describe Any Special Training

**EDUCATION**

School	Name and Location of School	From---to---	Graduate?	Degree/Diploma?
--------	-----------------------------	--------------	-----------	-----------------

College:

High:

Elementary:

Other:

**MEMBERSHIP IN PROFESIONAL OR CIVIC ORGANIZATIONS**

(Exclude those which may disclose your race, color, religion or national origin)

**The information provided in the Application for Employment and History of Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.**

**I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.**

**If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**HISTORY OF EMPLOYMENT** (Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

_____	(____)
<b>Company Name</b>	Telephone
_____	From _____ To _____
Company Address	Employment Dates
_____	_____
Name of Supervisor	Weekly Pay
_____	_____
State Job Title	
_____	
Describe Your Work	
_____	
Reason for Leaving	

_____	(____)
<b>Company Name</b>	Telephone
_____	From _____ To _____
Company Address	Employment Dates
_____	_____
Name of Supervisor	Weekly Pay
_____	_____
State Job Title	
_____	
Describe Your Work	
_____	
Reason for Leaving	

_____	(____)
<b>Company Name</b>	Telephone
_____	From _____ To _____
Company Address	Employment Dates
_____	_____
Name of Supervisor	Weekly Pay
_____	_____
State Job Title	
_____	
Describe Your Work	
_____	
Reason for Leaving	

**We may contact the employers listed above unless you indicate those you do not want us to contact.**

**DO NOT CONTACT:** \_\_\_\_\_

**REASON:** \_\_\_\_\_