



# Applicant Data

**IMPORTANT NOTICE:**

**IF YOU DO NOT QUALIFY FOR ANY OF THE JOB CLASSES YOU LISTED ON THE ATTACHED "REQUEST FOR DETERMINATION OF QUALIFICATION FORM" YOU WILL BE NOTIFIED BY YOUR PERSONNEL ASSISTANT. PLEASE COMPLETE ALL SECTIONS OF THIS FORM BEFORE SUBMITTING IT.**

**THIS IS THE ONLY INFORMATION THAT WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR THE JOB CLASSES YOU HAVE SELECTED.**

Print or Type			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last Name	First Name	M.I.
Social Security Number			
_____	Apt. # _____	City _____	State _____
(____) _____	(____) _____	_____	_____
Phone (area code) number-days	Phone (area code) number-evenings	E-mail address	Zip Code

<b>Education</b>															
Circle highest year of education completed															
1	2	3	4	5	6	7	8	9	10	11	12	High School graduate or equivalent (GED)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name And Location Of Schools Attended <b>Beyond High School</b>	Dates Attended		Credit Received		Field of Study or Area of Concentration				Degree/ Certification						
	Mo/Yr	Mo/Yr	Quarter Hours	Semester Hours	Major	Hours	Minor	Hours							

If you are working toward a degree, please give the anticipated completion date: \_\_\_\_\_ **Do not send a transcript unless requested.**

<b>Special Requirements</b>				
Some jobs have special requirements. They will be found on the job class description in the section titled "Competencies Required," or "Selective Certification." Write needed information below.				
Education	Quarter Hours	Semester Hours	Experience	Dates
				From
				To
List languages, including American Sign Language (ASL), in addition to English, that you speak, read and write fluently: _____				
If you possess a license or certificate to practice a trade or profession, complete the following:				
Name of Trade or Profession: _____ License Number: _____				
Issued by: _____ Specialty: _____ Expiration Date: _____				
If a teacher's certificate, Endorsement Numbers: _____ Approval Numbers: _____				

## Section 4 Experience

Social Security Number							

- List your work experience **starting with the most recent**. If you have held more than one job with the same organization, list each separately.
- **Provide complete descriptions of job duties, including the exact dates of employment and the average number of hours worked per week.**
- Describe your experience in detail. Include the number and titles of people supervised and equipment or facilities managed.
- Describe volunteer and homemaker experience, if applicable.
- **Resumes submitted with the application must show dates of employment (month/year) and hours worked per week. The social security number must be shown at the top of each resume page and accompanying documents.**

**1**

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

**2**

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

**3**

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
			To _____ Month Day Year
Your Title:	Supervisor's Title:		Average number of hours worked per week: _____
Duties: _____ _____ _____			

**You may describe additional work experience or add more detail to the "Duties" section on a separate sheet of paper. Use the same format as used here. Be sure to include your social security number at the top of each extra page.**