

12. EDUCATION: Circle highest grade completed
HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6 GED _____

13. HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING

| <u>Name</u> | <u>Dates Attended</u> | <u>Major</u> | <u>Degree or Diploma Obtained</u> |
|-------------|-----------------------|--------------|-----------------------------------|
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14. CERTIFICATION OR REGISTRATION: (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.)

Current type of certifications: _____ Expiration Date: _____

Include all related job and volunteer experience pertinent to the position you are applying for in order of most recent experience. Fill in all spaces. Be accurate and complete. You may attach a resume, but your qualifications may be evaluated only on information provided on this form.

15. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____

Address: _____
Street city state zip code

Kind of Business: _____ Your title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There _____
Month/year Month/year year(s) month

Hours Per Week _____ Starting Wage \$ _____ per _____ Ending Wage \$ _____ per _____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes _____ No _____

16. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____

Address: _____
Street city state zip code

Kind of Business: _____ Your title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There _____
Month/year Month/year year(s) month

Hours Per Week _____ Starting Wage \$ _____ per _____ Ending Wage \$ _____ per _____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes _____ No _____

17. In order to verify your previous work experience and/or education, please list other names you have used.

18. **I certify that all statements made in this application are true and I agree and understand that any deliberate misstatements or omissions of material facts will cause forfeiture, on my part, of all eligibility to any employment with the City of Tempe. I also understand that I must submit documents of employment.**

Signature

Date