



13. Education: Circle highest grade completed

HIGH SCHOOL    9   10   11   12    COLLEGE    1   2   3   4   5   6    GED \_\_\_\_\_

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

16a. Certification or Registration (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I etc.)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training **that relates to this position:**

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17. List computer software program(s) with which you are proficient in operating **that relate to this position:**

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18. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
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Work Performed:	

Reason for Leaving:

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