

Worksheet for Compiling Information Likely to be Requested on Job Applications

NAME (LAST, FIRST, MI)			
COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			
HOME PHONE OR NUMBER WHERE YOU CAN BE REACHED		WORK PHONE OR CELL PHONE	
<p>EDUCATION (Many employers will ask dates of attendance or date of degree/certificate)</p> <p>List academic, vocational, and professional education and schools attended. Be prepared to attach copies of certificates or other documents.</p>			
HIGH SCHOOL OR GED	LOCATION		RANK
COLLEGE/UNIVERSITY	DEGREE OR CERTIFICATE	MAJOR	GRADE POINT AVERAGE
TECHNICAL/BUSINESS SCHOOL NAME	DEGREE OR CERTIFICATE EARNED	MAJOR	GRADE POINT AVERAGE
ADDITIONAL COLLEGE/TECHNICAL SCHOOL NAME	DEGREE OR CERTIFICATE EARNED	MAJOR	GRADE POINT AVERAGE

TRANSCRIPTION: YES OR NO

OTHER COMPUTER SKILLS (e.g.: internet, desktop publishing):

POSITIONS REQUIRING A DRIVER'S LICENSE

YEARS OF DRIVING EXPERIENCE:

TYPES OF VEHICLES DRIVEN:

DRIVER'S LICENCE #	STATE	EXP. DATE	ENDORSEMENTS
COMMERCIAL DRIVER'S LICENSE #	STATE	EXP. DATE	ENDORSEMENTS

WERE YOU INVOLVED IN ANY ACCIDENTS IN THE LAST THREE (3) YEARS? YES OR NO

IF YES, HOW MANY? _____. DESCRIBE BELOW:

DATE		BRIEF DESCRIPTION OF EACH ACCIDENT (INDICATE IF ANY DEATHS OR PERSONAL INJURY WERE INVOLVED)
MO.	YR.	

HAVE YOU EVER HAD A DRIVER'S LICENSE SUSPENDED, WITHDRAWN OR DENIED?

YES NO

IF YES, EXPLAIN:

DO YOU HAVE ACCESS TO AN INSURED VEHICLE?

(FOR SOME POSITIONS, A VEHICLE IS REQUIRED)

YES NO

ANY CONVICTIONS FOR TRAFFIC VIOLATIONS IN THE LAST THREE (3) YEARS? YES OR NO

IF YES, DESCRIBE BELOW:

DATE		DESCRIBE VIOLATIONS OTHER THAN PARKING TICKETS
MO.	YR.	

ARREST/CONVICTION RECORD

(Make sure to be truthful here because not reporting can result in job termination if information that was not reported is later discovered. The information you report is generally considered only if the position applied for has particular security requirements or if the employer feels there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.)

Have you been convicted of a felony in the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) YES NO If yes, please explain.

Do you have any criminal charges pending other than MINOR traffic violations? (Pending charges are not an automatic bar to employment.) YES NO If yes, please explain.

REFERENCES (CHARACTER AND/OR PROFESSIONAL)

Provide names, current business addresses, and current phone numbers of up to four reference, professional or work related references, if possible, who can speak positively about you. Avoid using relatives. Clergy members, teachers, counselors, friends who are in business, and leaders of organizations in the community usually make good references. Other people to use for references include staff at places you have volunteered, teachers, and individuals you may help out such as neighbors. Be sure to ask for their permission before listing them and verify where they can be reached. Up to four references, professional or work related references if possible.

NAME AND OCCUPATION:	ADDRESS:	PHONE:

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT JOB)

List employer's name, current address and telephone number, supervisor, job title, dates of employment, salary, and reason for leaving. Describe your job duties clearly. Use action verbs. Concentrate on skills that will interest the employer. The job description can provide clues about important skills. Explain any gaps in your work history.

NEXT RECENT EMPLOYER'S NAME:	DATES EMPLOYED: Month & Year FROM: TO:
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ADDRESS:

PHONE:	HIGHEST WAGE:
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TITLE OF YOUR POSITION:	STARTING WAGE:	HOURS EACH WEEK
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NAME AND TITLE OF SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED:
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PRIMARY DUTIES:

REASON FOR LEAVING OR CONSIDERING CHANGE:

NEXT RECENT EMPLOYER'S NAME:		DATES EMPLOYED: Month & Year FROM: TO:	
ADDRESS:			
PHONE:		HIGHEST WAGE:	
TITLE OF YOUR POSITION:		STARTING WAGE:	HOURS EACH WEEK
NAME AND TITLE OF SUPERVISOR		NUMBER OF EMPLOYEES YOU SUPERVISED:	
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

NEXT RECENT EMPLOYER'S NAME:		DATES EMPLOYED: Month & Year FROM: TO:	
ADDRESS:			
PHONE:		HIGHEST WAGE:	
TITLE OF YOUR POSITION:		STARTING WAGE:	HOURS EACH WEEK
NAME AND TITLE OF SUPERVISOR		NUMBER OF EMPLOYEES YOU SUPERVISED:	
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

NEXT RECENT EMPLOYER'S NAME:		DATES EMPLOYED: Month & Year FROM: TO:	
ADDRESS:			
PHONE:		HIGHEST WAGE:	
TITLE OF YOUR POSITION:		STARTING WAGE:	HOURS EACH WEEK
NAME AND TITLE OF SUPERVISOR		NUMBER OF EMPLOYEES YOU SUPERVISED:	
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			
NEXT RECENT EMPLOYER'S NAME:		DATES EMPLOYED: Month & Year FROM: TO:	
ADDRESS:			
PHONE:		HIGHEST WAGE:	
TITLE OF YOUR POSITION:		STARTING WAGE:	HOURS EACH WEEK
NAME AND TITLE OF SUPERVISOR		NUMBER OF EMPLOYEES YOU SUPERVISED:	
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

ADDITIONAL INFORMATION YOU MAY NEED:

PREVIOUS ADDRESSES (UP TO 10 YEARS PAST)

MOST RECENT PREVIOUS ADDRESS:

DATES (MO/YR) YOU LIVED AT THAT ADDRESS - FROM: _____ TO: _____

MOST RECENT PREVIOUS ADDRESS:

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MOST RECENT PREVIOUS ADDRESS:

DATES (MO/YR) YOU LIVED AT THAT ADDRESS - FROM: _____ TO: _____

FACTS REGARDING MILITARY SERVICE - (BRING DISCHARGE PAPER, JUST IN CASE THEY ASK TO SEE THEM) - NOTE: You might be asked if you're a veteran of a war, such as Vietnam. (This is for affirmative action programs, not discrimination).

Entry and discharge dates _____
Type of discharge _____
Branch _____
Occupational specialization _____
Special training received and dates _____

Last rank _____

Reasons for gaps of 90 days or more in your work history, other than school should be accounted for in another section or in your cover letter: Practice writing your response in the space below:

