

Use the Space below to add any information that you feel would be useful as an aid in determining your abilities for the position in which this application is being made. You may wish to include volunteer or other uncompensated work experience, certifications, information training, self study, hobbies and work experience not shown elsewhere on this application:

---



---



---

Yes      No

Are you a veteran of the United States Armed Forces? .....      

If Yes, Which Branch? \_\_\_\_\_

Type of Discharge? \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank and Specialty at time of Discharge? \_\_\_\_\_

Are you presently a member of the Armed Forces Reserves? .....      

if Yes Which Branch? \_\_\_\_\_

Are you or have you ever been a licensed member of any trade or profession? .....      

If yes, Name trade or profession: \_\_\_\_\_

Have you ever been convicted of a criminal conviction or plead guilty or no contest or are you under any charges for any crime? .....      

If yes, list all cases on separate sheets of paper. For each case please give:

- (a) Date
- (b) the charge;
- (c) Name and location of charge; and
- (d) Penalty or action taken

Note to Applicant: A conviction does not automatically mean that you cannot be hired. What you were convicted of and how long ago are important. Give all of the facts so that a decision can be made. If hired, your fingerprints will be taken along with drug testing and yearly random testing.

How many points do you currently have on your license? \_\_\_\_\_

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?.....      

If yes, please provide the name and address of employer, date and reason. Use a separate sheet of paper for each case.

Education:

Circle Highest grade completed in elementary:

1   2   3   4   5   6   7   8   9   10   11   12

Did you Graduate: .....      

Name of High School: \_\_\_\_\_

Location: \_\_\_\_\_

Name of College, Grad, Technical School	Dates Attended	Course of Study	Graduate	
			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>