

REQUIRED LICENSES, CERTIFICATIONS, AND OTHER (Cont.)

1) Type of License: _____ License # _____

Issued by: _____ Date Issued: ___/___/___ Expiration Date: ___/___/___ (MM/YYYY)

2) Type of License: _____ License # _____

Issued by: _____ Date Issued: ___/___/___ Expiration Date: ___/___/___ (MM/YYYY)

3) Type of License: _____ License # _____

Issued by: _____ Date Issued: ___/___/___ Expiration Date: ___/___/___ (MM/YYYY)

Do you currently have a valid Motor Vehicle Driver’s License? Circle One: YES NO

State: _____ License # _____

Do you currently have a valid Commercial Driver’s License (CDL)? Circle One: YES NO

State: _____ License # _____

Please list any and all technical, mechanical, vocational skills, and equipment you can operate.

(Clerical Applicants Only) Do you use and have computer knowledge? Circle One: YES NO

If yes, please explain and list programs you are familiar with.

(Clerical Applicants Only) Do you have any special office skills? Circle One: YES NO

If yes, please explain.

What languages do you speak, read, write, or sign fluently?

EMPLOYMENT HISTORY

Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the job posting. List all positions (job titles) separately, even if with the same employer.

1) _____
Official Job Title Department Assigned To

_____ Company Name Type of Business

_____ Address City State Zip Code

EMPLOYMENT HISTORY (Cont.)

Direct Supervisor _____ Phone Number _____ Email Address _____

Dates of Employment: From: ___/___/___ To: ___/___/___ (MM/YYYY)

Number of Hours Worked per week: _____ Circle One: Full-time Part-time Per Diem

Number & Job Titles of Employees Supervised by you: _____

List all major duties and responsibilities performed by you in this job.

Reason for leaving: _____

2) _____
Official Job Title _____ Department Assigned To _____

Company Name _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Direct Supervisor _____ Phone Number _____ Email Address _____

Dates of Employment: From: ___/___/___ To: ___/___/___ (MM/YYYY)

Number of Hours Worked per week: _____ Circle One: Full-time Part-time Per Diem

Number & Job Titles of Employees Supervised by you: _____

List all major duties and responsibilities performed by you in this job.

Reason for leaving: _____

3) _____
Official Job Title _____ Department Assigned To _____

Company Name _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Direct Supervisor _____ Phone Number _____ Email Address _____

Dates of Employment: From: ___/___/___ To: ___/___/___ (MM/YYYY)

Number of Hours Worked per week: _____ Circle One: Full-time Part-time Per Diem

