

EXPERIENCE

LIST YOUR CURRENT OR MOST RECENT JOB AND WORK BACKWARDS, DESCRIBING EACH JOB YOU HAVE HELD. **IF YOU HAVE HAD MORE THAN THREE EMPLOYERS, MAKE A COPY OF THIS PAGE BEFORE YOU BEGIN**, INDICATE REASONS FOR ANY GAPS IN EMPLOYMENT HISTORY IF YOU HELD DIFFERENT JOBS WITH THE SAME EMPLOYER, LIST EACH JOB SEPARATELY.

NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION (INCLUDE ZIP CODE, IF KNOWN)			DATES EMPLOYED (MONTH, DATE AND YEAR)		NUMBER OF EMPLOYEES YOU SUPERVISED
			FROM:	TO:	
			SALARY OR EARNINGS:		YOUR REASON FOR LEAVING
			STARTING \$	PER	
			ENDING \$	PER	
YOUR IMMEDIATE SUPERVISOR (NAME):	AREA CODE	TELEPHONE NUMBER	EXACT TITLE OF YOUR JOB		

DESCRIPTION OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS IN THIS JOB. IF YOU DESCRIBE MORE THAN ONE TYPE OF WORK (FOR EXAMPLE, CARPENTRY AND PAINTING, OR PERSONNEL AND BUDGET), WRITE THE APPROXIMATE PERCENTAGE OF TIME YOU SPENT DOING EACH. (DO NOT WRITE "SEE RESUME")

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EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

DESCRIBE ANY ADDITIONAL SPECIALIZED TRAINING, APPRENTICESHIP AND SKILLS THAT ARE WORK RELATED

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION

SPECIALIZED SKILLS	LEVEL OF PROFICIENCY (PLEASE CHECK)		
	ABOVE AVERAGE	AVERAGE	LITTLE OR NO SKILL OR TRAINING
PERSONAL COMPUTER			
CALCULATOR			
MULTI-LINE TELEPHONE			
COPIER/FAX MACHINE			

PLEASE LIST PERSONAL COMPUTER SOFTWARE YOU HAVE USED ON THE JOB AND/OR HAVE TRAINING IN AND INDICATE PROFICIENCY USING THE SCALE ABOVE.

PLEASE LIST THREE PERSONS, NOT RELATED TO YOU, WHO HAVE DEFINITE KNOWLEDGE OF YOUR WORK QUALIFICATIONS. DO NOT INCLUDE NAMES OF SUPERVISORS PREVIOUSLY LISTED.

FULL NAME PRESENT BUSINESS OR HOME ADDRESS TELEPHONE NUMBER

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION, ARE CORRECT, COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN WILL VOID THIS APPLICATION AND CAN, IF HIRED, RESULT IN TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE THE JUDICIAL BRANCH OFFICE TO WHICH I AM APPLYING TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE THAT OFFICE TO SECURE ANY INFORMATION FROM ALL MY EMPLOYERS, REFERENCES, AND ACADEMIC INSTITUTIONS WHICH MAY BE RELEVANT TO AN EMPLOYMENT DECISION. I HEREBY RELEASE ALL OF THOSE EMPLOYERS, REFERENCES, AND ACADEMIC INSTITUTIONS AND THE JUDICIAL BRANCH OFFICE TO WHICH I AM APPLYING FROM ANY AND ALL LIABILITY ARISING FROM THE GIVING OR RECEIVING OF SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND THAT I MAY BE TERMINATED, WITH OR WITHOUT A REASON, AT ANY TIME AND WITHOUT PRIOR NOTICE.

SIGNATURE OF APPLICANT **X**

DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.