

EMPLOYMENT HISTORY

THIS SECTION MUST BE FILLED OUT. Resumes submitted do not substitute for and will be reviewed **IN ADDITION TO** the completed application. List all jobs you have held in the **last ten years**, beginning with your most recent position. **Also, include any experience specifically related to the position for which you are applying.** Include self-employment, volunteer and U. S. Military service. Explain any gaps between employment periods. Describe the work you did as completely as possible. Incomplete descriptions may result in lower ratings or disqualification. ***If you need more space, attach a continuation sheet.***

21. NAME OF BUSINESS/EMPLOYER		ADDRESS	CITY	STATE
YOUR TITLE		SUPERVISOR NAME & PHONE #	FINAL SALARY	
MTH/YR TO MTH/YR	FULL-TIME	PART-TIME	#OF HOURS WORKED _____	
REASON FOR LEAVING				
DUTIES				
MAY WE CONTACT FOR REFERENCES? YES NO				
22. NAME OF BUSINESS/EMPLOYER		ADDRESS	CITY	STATE
YOUR TITLE		SUPERVISOR NAME & PHONE #	FINAL SALARY	
MTH/YR TO MTH/YR	FULL-TIME	PART-TIME	#OF HOURS WORKED _____	
REASON FOR LEAVING				
DUTIES				
MAY WE CONTACT FOR REFERENCES? YES NO				
23. NAME OF BUSINESS/EMPLOYER		ADDRESS	CITY	STATE
YOUR TITLE		SUPERVISOR NAME & PHONE #	FINAL SALARY	
MTH/YR TO MTH/YR	FULL-TIME	PART-TIME	#OF HOURS WORKED _____	
REASON FOR LEAVING				
DUTIES				
MAY WE CONTACT FOR REFERENCES? YES NO				
24. NAME OF BUSINESS/EMPLOYER		ADDRESS	CITY	STATE
YOUR TITLE		SUPERVISOR NAME & PHONE #	FINAL SALARY	
MTH/YR TO MTH/YR	FULL-TIME	PART-TIME	#OF HOURS WORKED _____	
REASON FOR LEAVING				
DUTIES				
MAY WE CONTACT FOR REFERENCES? YES NO				
PRIVACY STATEMENT AND CERTIFICATE OF APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING				
25. I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in qualifications not receiving full consideration, may disqualify me from participating further in the examination process, or may result in my termination from employment.				
SIGNATURE			DATE	