



**EDUCATION**

Did you graduate from high school or receive a GED?

Yes    No    Name of School: \_\_\_\_\_

How many years of education have you completed: (Check one)

7      8      9      10      11      12      13      14      15      16      17      18      19      20

| Name of College, University,<br>Technical/Vocational/Business Schools | Quarter Hours<br>Completed | Degree Received | Major | Minor |
|-----------------------------------------------------------------------|----------------------------|-----------------|-------|-------|
|                                                                       |                            |                 |       |       |
|                                                                       |                            |                 |       |       |
|                                                                       |                            |                 |       |       |

List any correspondence courses, special courses, seminars, workshops, and training that might be related to this position:

**JOB RELEVANT VOLUNTEER EXPERIENCE**

| Volunteer Activity<br>(Do not specify organization) | Work Performed | Number of Hours per Month |
|-----------------------------------------------------|----------------|---------------------------|
|                                                     |                |                           |
|                                                     |                |                           |
|                                                     |                |                           |
|                                                     |                |                           |

**MILITARY SERVICE**

Are you a veteran of the U.S. Military Service?    Yes                      No

If yes, what branch of Service? \_\_\_\_\_

Did you serve on Active Duty for 181 consecutive days?    Yes                      No

Did you receive an Honorable Discharge?            Yes                      No

### EMPLOYMENT HISTORY

Experience and training ratings are determined by this information; please be complete. List your present or most recent experience first. Attach additional sheets if necessary.

**Employer 1:** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Number and type of positions you supervised:  
\_\_\_\_\_

% of time spent in each  
area of responsibility

Principal Responsibilities (be complete)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EMPLOYMENT

From \_\_\_\_\_

Month Year

To \_\_\_\_\_

Month Year

Total \_\_\_\_\_

Years Months

Hours per week \_\_\_\_\_

Last salary \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present  
employer? Yes No

If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Employer 2:** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Number and type of positions you supervised:  
\_\_\_\_\_

% of time spent in each  
area of responsibility

Principal Responsibilities (be complete)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EMPLOYMENT

From \_\_\_\_\_

Month Year

To \_\_\_\_\_

Month Year

Total \_\_\_\_\_

Years Months

Hours per week \_\_\_\_\_

Last salary \_\_\_\_\_

Reason for leaving  
\_\_\_\_\_  
\_\_\_\_\_

**Employer 3:** \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Number and type of positions you supervised:  
\_\_\_\_\_

% of time spent in each  
area of responsibility

Principal Responsibilities (be complete)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EMPLOYMENT

From \_\_\_\_\_

Month Year

To \_\_\_\_\_

Month Year

Total \_\_\_\_\_

Years Months

Hours per week \_\_\_\_\_

Last salary \_\_\_\_\_

Reason for leavin<sup>a</sup>  
\_\_\_\_\_  
\_\_\_\_\_

**CLERICAL APPLICANTS ONLY:**

Typing Speed: \_\_\_\_\_ WPM

Word Processing/ Computer Experience:

Number of Years: \_\_\_\_\_ Specify Programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any additional experience or skills, which qualify you for this job.

**IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION**

Any information about yourself that you provide to the LMCD during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the LMCD. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. Your refusal to supply information requested by the LMCD may mean that your application will not be considered for employment. If you are employed, individuals in the LMCD who need information from your application will have access to it. This data will also be provided to persons authorized to have access under State or Federal law; persons authorized by court order to have access to the information; and persons to whom you consent in writing to have access to the information.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date