



File form with the employing agency.

PERSONAL

Name of Applicant, Position Applied For, Telephone No., Address, City, State, Zip Code, Date of Birth, Social Security No., Email Address

YES NO In the section below, if the answer to items 1,2, or 3 is YES, you are required to answer the accompanying questions. A YES answer to these questions will not automatically bar you from employment. 1. In the past five (5) years, have you been removed from a position as a result of misconduct or resigned to avoid such removal? 2. Within the past five (5) years, have you been convicted of any law violation? 3. Have you ever been convicted of a felony?

EDUCATION

4. Are you now a full-time regular student? 5. School, college, or university you are now attending. 6. Current Grade/Classification 7. If you are not presently attending school

8. LIST PREVIOUS WORK EXPERIENCE ON PART 2 – EMPLOYMENT HISTORY

AUTHORIZATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for that purpose. I certify that the answers I have given to all questions in this application are true to the best of my knowledge. If I am appointed, I agree to promptly notify the proper agency official of any change in my status as a student, including any reduction in courses taken, termination of student status, or scholastic probation.

Signature of Applicant, Date

REPORT OF SCHOOL OFFICIAL

Yes No THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN A. Is classified as a full-time regular student of this school under its criteria B. Has completed his course and received a diploma or certificate or has graduated C. Has applied for enrollment in this school effective (give date) D. Current Grade/ Classification Is your school accredited? Is your school approved by the state in which it is located?

Name of School, Address

Signature of School Official, Title, Date

AGENCY REVIEW OF STUDENT STATUS

Date Reviewed 1.	Initials	Date Reviewed 2.	Initials	Date Reviewed 3.	Initials	Date Reviewed 4.	Initials	Date Reviewed 5.	Initials	Date Reviewed 6.	Initials
---------------------	----------	---------------------	----------	---------------------	----------	---------------------	----------	---------------------	----------	---------------------	----------

DEMOGRAPHIC INFORMATION

The following information is collected to compile equal opportunity reports, as required by law. You **ARE NOT** legally obligated to provide this information.

Racial Group		Ethnic Group		Sex
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Non-Hispanic or Non-Latino		<input type="checkbox"/> Female
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other			
<input type="checkbox"/> Asian				

PART 2: EMPLOYMENT HISTORY

PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position

DATE (Month/ Year)		NAME AND ADDRESS OF EMPLOYER	POSITION
From	To		

Have you worked under another name? YES NO
If yes, give name(s).

May inquiry be made of your present employer? YES NO
May inquiry be made of your former employers? YES NO

Do you have a legal right to work
In the United States? YES NO

MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.