STATE OF TENNESSEE

INFORMATION AND INSTRUCTIONS FOR THE TENNESSEE CAREER SERVICE EMPLOYMENT PROCESS

HOW TO OBTAIN JOB INFORMATION

Our State government is the largest employer in Tennessee with over 37,000 Career Service employees working in over 1,400 different job classifications. For the vast majority of these job classifications, you may submit an application at any time regardless of whether or not a vacancy currently exists. You may obtain information about the Career Service job classifications by visiting the Tennessee Department of Personnel's Web site at the address listed below.

WWW.STATE.TN.US/PERSONNEL

Using the **Job Search** feature provided at this web site, you may obtain information on any job classification in Tennessee state government. This includes job descriptions (with minimum qualifications), salary information, testing information, and number of positions/vacancies by county or by department. If you do not have access to the internet, you can obtain information on state job classifications by visiting the Department of Personnel in Nashville or by visiting one of the many Career Centers or local offices of the Department of Labor and Workforce Development located throughout the state.

You should use information from these sources to identify jobs of interest to you. Be sure to fully compare your education and experience qualifications with the requirements indicated for each job of interest. To ensure the timely processing of your employment application, enter the exact State of Tennessee job titles for which you are applying in the space provided on the first page of the application form. If you wish to apply for more than eight job titles, you may attach additional copies of the front page to your application with up to eight titles listed on each copy.

If you have any questions regarding the application process please call (615) 741-4841 or send your questions via e-mail to mike.o'neal@state.tn.us.

HOW TO BEGIN THE APPLICATION PROCESS

The first step in the Career Service employment application process is completion of the State of Tennessee Employment Application form. The form should be completed **using black ink** so that it can be legibly reproduced. Please make sure you provide all required information. **If you omit information, it may be necessary for the Department of Personnel to return your application to you. Unsigned applications will not be accepted.**

Do not submit originals of personal documents, as they will not be returned to you. Legible photocopies of the application and attachments are acceptable. Your completed application should be submitted to the Department of Personnel at the address (or fax number) listed on page 1 of the application form. After submitting your application, you may be required to complete additional forms. If so, these forms will be mailed to you. Please include your social security number on all correspondence.

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BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES

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AFTER YOUR APPLICATION IS SUBMITTED

For each job classification you apply for, your application is evaluated to determine whether or not you meet the education, experience, and/or other special requirements for the job. If a job classification requires a written test, you will be sent testing instructions in the mail. When a job classification does not require a written test, the information on your application will be used for evaluating and rating your training and experience. This may include your education, experience, and any licenses or certificates that you possess. All evaluation/examination results will be mailed to you. Applicants attaining a passing score on either a rating of their education and experience or a written test will be added to the list of eligibles for the job classification in which a passing score was obtained. Scores received on a rating of education and experience are normally valid for a period of two years. Scores received on a written or computer administered test are valid until such time as the examination is revised and the register is abolished.

TESTING

Tennessee Career Service examinations are administered on a daily basis (Mon.-Fri.) at the Department of Personnel in Nashville. Most tests are administered on computer. No appointment is needed for the testing location in Nashville. Applicants may be admitted for testing any time between the hours of 8:30 a.m. and 1:00 p.m. Applicants wishing to test in a location other than Nashville must be scheduled for a specific testing session based on the testing location preference selected by the applicant on the application form. The testing admission letters sent to these applicants will provide the specific testing location and will either specify a date and time for testing or provide a telephone number to call to make an appointment for testing.

Certain applicants may be eligible for an alternative examination procedure to that described in the previous paragraph. The Americans with Disabilities Act and Tennessee law [TCA 8-30-302(b)] authorize the Department of Personnel to provide a work test period as an alternative Career Service examination for individuals who as a consequence of a disability lack sensory, manual, or speaking skills needed to take some examinations. If you believe you are eligible for the alternative examination, please call (615) 741-0441 or TDD (615) 741-6276 to request information about this option.

HIRING

As Career Service job vacancies occur, agencies request certified lists of eligible applicants to fill the vacant positions. If your score is high enough for a particular job classification, your name may be certified to the agency as an eligible applicant. You will be mailed a notice of the job opening and asked to contact the agency within seven days of the date on your notice to schedule an interview. An agency is required to make an employment decision from the top five interested and available applicants when hiring from an open list of eligible applicants and from the top three when hiring from a promotional list of eligible applicants.

LATERAL TRANSFERS

If you are a current Career Service employee and would like to transfer to another position within your current classification, you may request that your name be placed on the lateral transfer list. No application is required. Just call the Applicant Services Division at (615) 741-4841. The lateral transfer list will be provided to hiring agencies, upon their request, as vacancies occur.

INFORMATION AND INSTRUCTIONS (Continued)

--GENERAL INFORMATION--

A Change in Application Requirements: You should provide your complete education and experience background information with this application if you have not submitted a full and complete application since March, 1999. This applies to all applicants, including current State employees. This change in application procedures was made as a result of changes in the Department of Personnel's application processing and maintenance procedures. These changes have been made in an effort to enhance the quality of services provided to applicants, employees, and hiring agencies.

To Re-apply: In applying for additional jobs in the future, you may submit an abbreviated application, omitting your previous education and work experience information. However, you should always include information on the experience that you've gained since your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in that position.

Important Information: Applications must often be returned to obtain a small piece of information overlooked by the applicant. Please review your application carefully to make sure that all the requested information is included.

It is recommended that you include your name and social security number on any additional documents or supplemental information you include with your application. If you choose to fax your application, it is recommended that you write your name and social security number on each faxed page. To allow for the most timely processing of applications, we ask that you DO NOT submit a duplicate of your faxed application in the mail.

BE SURE TO KEEP A COPY OF YOUR APPLICATION FOR YOUR FILES. DO NOT INCLUDE PAGE 2 WHEN YOU ARE ASKED TO PROVIDE A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW.

COUNTY PREFERENCES/LEGAL COUNTY CODES

On page 1 of the application form, you are asked to select your county work preferences and indicate your legal resident county. Use the county codes from the list below to record this information.

County Preferences: You may choose up to five counties for your work location preferences or you may choose **STATEWIDE "99"** to be considered for all counties. A map of Tennessee is provided to assist you in selecting the counties in which you are willing to accept employment.

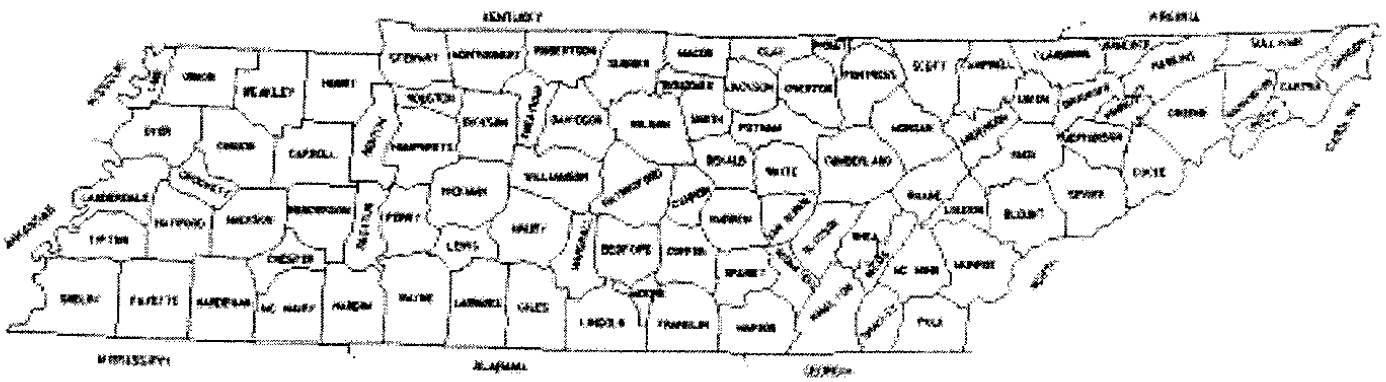
Legal Resident County: Your legal resident county is the county in which you reside and to which you definitely intend to return even though you may be temporarily absent. **Non-state residents must indicate "00" as their legal county code**

01 Anderson	15 Cocke	29 Grainger	43 Humphreys	57 Madison	71 Putnam	85 Trousdale
02 Bedford	16 Coffee	30 Greene	44 Jackson	58 Marion	72 Rhea	86 Unicoi
03 Benton	17 Crockett	31 Grundy	45 Jefferson	59 Marshall	73 Roane	87 Union
04 Bledsoe	18 Cumberland	32 Hamblen	46 Johnson	60 Maury	74 Robertson	88 Van Buren
05 Blount	19 Davidson	33 Hamilton	47 Knox	61 Meigs	75 Rutherford	89 Warren
06 Bradley	20 Decatur	34 Hancock	48 Lake	62 Monroe	76 Scott	90 Washington
07 Campbell	21 Dekalb	35 Hardeman	49 Lauderdale	63 Montgomery	77 Sequatchie	91 Wayne
08 Cannon	22 Dickson	36 Hardin	50 Lawrence	64 Moore	78 Sevier	92 Weakley
09 Carroll	23 Dyer	37 Hawkins	51 Lewis	65 Morgan	79 Shelby	93 White
10 Carter	24 Fayette	38 Haywood	52 Lincoln	66 Obion	80 Smith	94 Williamson
11 Cheatham	25 Fentress	39 Henderson	53 Loudon	67 Overton	81 Stewart	95 Wilson
12 Chester	26 Franklin	40 Henry	54 McMinn	68 Perry	82 Sullivan	
13 Claiborne	27 Gibson	41 Hickman	55 McNairy	69 Pickett	83 Sumner	
14 Clay	28 Giles	42 Houston	56 Macon	70 Polk	84 Tipton	

99 Statewide - You will be considered for vacancies throughout the state regardless of location. Use this code for county preferences only.

00 Non-state residents - Use this code for legal county information only.

Use the **State of Tennessee map** below to assist you in selecting county preferences.



*****Attention Applicants: You may retain the instruction sheet for your records. You do not need to submit it with your application.*****

STATE OF TENNESSEE
EMPLOYMENT APPLICATION

Return completed application to:

Department of Personnel
Applicant Services Division
505 Deaderick Street
2nd Floor, James K. Polk Building
Nashville, Tennessee 37243-0635
or fax to: (615) 401-7626

USE BLACK INK ONLY TO COMPLETE THIS APPLICATION FORM. DO NOT WRITE IN SHADED AREAS. COMPLETE ALL REQUIRED FIELDS OR YOUR APPLICATION WILL BE RETURNED TO YOU.

Please record your Social Security Number below.

List the specific State of Tennessee job classification titles for which you are applying. Do not use abbreviations as this may result in your application being processed for the incorrect title.	APP. CODE	CLASS CODE	REJ. CODE
1.			
2.			
3.			
4.			
5.			

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW. PRINT CAREFULLY TO INSURE THAT YOUR INFORMATION IS ACCURATELY RECORDED INTO YOUR APPLICANT RECORD.

LAST NAME

FIRST NAME **MI**

MAILING ADDRESS

CITY **STATE** **ZIP CODE**

AREA CODE **HOME TELEPHONE** **AREA CODE** **BUSINESS TELEPHONE**

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)?
(A felony is defined as an offense punishable by imprisonment for a term of one year or greater.)

Required answer must be recorded here → **YES** **NO**

If yes, give details on a separate sheet of paper for each felony offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any felony conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under federal or state law. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

COUNTY PREFERENCES: Record the two-digit code(s) for each county in which you are willing to work (See Information and Instructions Side B for list of county codes). You may list up to five counties or indicate "99" for statewide. At least one county must be listed.

County Preferences ➡

LEGAL RESIDENT COUNTY: In the box below, you must record your legal resident county. Non-state residents must indicate "00" as their legal resident county.

Legal Resident County ➡ (must be recorded

Please note: Your legal county is the county in which you reside and to which you definitely intend to return even though you may be temporarily absent. **Your application cannot be processed without this information.**

–PLEASE READ–

The State of Tennessee Employment Application Form is used by the State to establish an applicant's qualifications and employment preferences. This application does not constitute a contract between the State and an applicant.

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The State of Tennessee is committed to the principles of equal opportunity, equal access, and affirmative action. The State of Tennessee does not discriminate against applicants or employees on the basis of race, color, religion, creed, age (over 40), national origin, sex, pregnancy, disability, veteran's status or any other classification protected by federal or state law.

ATTENTION APPLICANTS: DO NOT INCLUDE THIS PAGE WHEN PROVIDING A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW
ATTENTION APPOINTING AUTHORITIES: DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR FILE S***

--Do not write in shaded area - office use only--

TESTING: If you are willing to take any necessary examinations, please indicate your testing location preference from the choices below.

MARK ONE

___ 06 Cleveland	___ 28 Pulaski	___ 57 Jackson	___ 79 Memphis
___ 19 Nashville	___ 47 Knoxville	___ 67 Livingston	___ 82 Kingsport

If you would like information on testing accommodations for persons with disabilities, please call (615) 741-0441 or TDD (615) 741-6276. See information under the heading "Testing Information" on Side A of Information and Instructions for further information about the employment testing process.

VETERANS INFORMATION: Tennessee veterans preference points are only added to passing examination scores on Career Service appointment registers. To receive veterans preference points, you must be a present or former member of the United States Armed Forces, have served on active duty during the service eligibility periods listed below (unless otherwise noted), have received an honorable discharge, and be a legal resident of the State of Tennessee (i.e., have resided in the State of Tennessee for the past two-year period or possess a Tennessee voter registration card). Veterans meeting these conditions will have **five (5) points** added to their passing examination scores. For veterans with a ten percent (10%) or greater service-connected disability, **ten (10) points** will be added to their passing examination scores. **Ten (10) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or the unremarried spouse of a veteran killed on active duty during the eligibility periods listed below. **Five (5) points** will be added to the passing examination scores of the spouse or unremarried spouse of a one hundred percent (100%) service-connected disabled veteran or unremarried spouse of a veteran killed on active duty during any other time period.

Service Eligibility Dates: W.W.II (12-7-41 to 12-31-46); Korean Campaign (6-27-50 to 1-31-55); Vietnam Conflict (2-28-61 to 5-7-75); Lebanon, Grenada or Panama Expeditions (ONLY IF AWARDED THE ARMED FORCES EXPEDITIONARY MEDAL); and Operation Desert Shield/Storm (8-2-90 to end date not yet established).

TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.

☐ **Proof will be submitted under separate cover** ☐ **Proof is Attached** ☐ **Proof has previously been submitted to Applicant Services**

Date of Entry in Military Service			Date of Separation from Active Service			Rank at Time of Discharge	Branch of Service
Month	Day	Year	Month	Day	Year		

VETERAN STATUS:	REQUIRED DOCUMENTS:
Veteran	submit document 1 only
10% Disabled Veteran	submit documents 1 and 2
Spouse-100% Disabled Veteran	submit documents 1 and 3
Spouse-Veteran killed on active duty	submit documents 1 and 4

DOCUMENT TYPES:

1. Discharge (DD Form 214) showing entry and honorable discharge date from active military service.
2. *Statement from Veterans Administration showing veteran's 10% service-connected disability.
3. *Statement from Veterans Administration showing veteran's 100% service-connected disability.
4. Statement from Veterans Administration showing veteran was killed while on active duty.

***Statement must have been issued from Veterans Administration within last six months.**

SPECIAL QUALIFICATION INFORMATION: Employment consideration for some jobs (e.g., Correctional Officer, Trooper, other jobs in law enforcement) is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block. (Note: To obtain information about special qualifications requirements for a particular job, please visit the Department of Personnel's Job Search website at www.ja.state.tn.us/personnel/JobSearch/JobSearch.jsp.

To be considered for jobs requiring U.S. citizenship, please answer:	**Are you a U.S. citizen?**	**YES** ☐	**NO** ☐
To be considered for jobs requiring a minimum age of 18, please answer:	**Are you at least 18 years of age?**	**YES** ☐	**NO** ☐
To be considered for jobs requiring a minimum age of 21, please answer:	**Are you at least 21 years of age?**	**YES** ☐	**NO** ☐

OPTIONAL INFORMATION

DEMOGRAPHIC INFORMATION: The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of Tennessee in its commitment to equal employment opportunity, applicants are asked to provide voluntarily the following information. The State of Tennessee is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and refusal to provide this information will not affect an applicant's employment opportunities. Information requested is to be completed on a **voluntary** basis. Data will be held **confidential** and only used in accordance with applicable federal law.

RACE A. ☐ **White** B. ☐ **Black** C. ☐ **Hispanic** D. ☐ **Asian or Pacific Islander**
E. ☐ **Native American Indian** F. ☐ **Alaskan Native** G. ☐ **Other**

SEX A. ☐ **Male** B. ☐ **Female**

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ATTENTION APPOINTING AUTHORITIES: DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR FILES*

Social Security Number

Last Name

First Name

EDUCATIONAL BACKGROUND

You should provide all information requested in this section. You may omit the Educational Background section only if you have filed a full and complete application since March, 1999, and your education information has not changed since that time. This applies to all applicants **including current State Employees.**

PLEASE NOTE: You should complete "LICENSES" and "REFERENCES" with each new application you submit. Signature is required with each application.

Primary/Secondary Education - Please indicate the highest level of primary or secondary education completed.

1 2 3 4 5 6 7 8 9 10 11 certif. of completion GED certif. high school diploma

date completed

Postsecondary Education - Please list schools attended after high school. This includes any colleges, universities, or vocational schools attended. When indicating hours completed, you must convert semester hours to quarter hours. Just multiply semester hours by 1.5 to convert to quarter hours. Indicate clock hours for vocational school training.

Name and city/state location of school	Dates attended		Total # of quarter or clock hours completed	Did you Graduate?		Type of degree or certificate and date (MO/YR) received	Major field of study or area of concentration
	FROM MO/YR	TO MO/YR		YES	NO		

To ensure that you receive the maximum score possible in an evaluation of your training and experience, it is strongly recommended that you submit a copy of your college transcript with your application. Regardless of whether or not you are submitting a transcript, please indicate the number of quarter hours received in the subjects listed below. A transcript of all course work may be required at the time of employment. For education received from a non-United States college or university, please attach a copy of credential evaluation from an accredited United States school or other acceptable evaluation service.

(To convert semester hours to quarter hours, multiply by 1.5.)

Accounting	Political Science	Environmental Engineering	Psychology	Agribusiness	Human Anatomy	Mental Health
Chemistry	Computer Science	Drafting	Sociology	Agriculture	Human Nutrition	Non State CEU* credit
Biology	Mathematics	Education	Environmental Health/Physics	Archaeology	Industrial Arts	Nursing
Microbiology	Statistics	Special Education	Geology	Child/Family Studies	Law/Legal Assistance	Recreation/ Rec. Therapy
Business/ Economics	Civil Engineering	Counseling	Library Science	Criminal Justice	Marketing	Rehabilitation Studies

* CEU credits earned by State employees through state sponsored training will be automatically recorded in their applicant records. To obtain credit for non-state sponsored CEUs or vocational technical school training, an official transcript must be attached.

LICENSES: Please list each license, certificate, or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.

TYPE OF CERTIFICATION	AREA OF ENDORSEMENT	LICENSE NO.	ORIGINAL LICENSE ISSUE DATE	CURRENT LICENSE EXPIRATION DATE	STATE OR AGENCY ISSUING LICENSE

REFERENCES: Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.

NAME	STREET ADDRESS	CITY - STATE	TELEPHONE

SIGNATURE: Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future examinations. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, or organization **(including law enforcement agencies)** to provide all information that may be sought in connection with this application.

SIGNATURE OF APPLICANT _____ DATE _____

*****Signature is required. Unsigned applications will be returned to the applicant*****

EXPERIENCE BACKGROUND

*****Important - Please Read*****

Instructions: You should provide your **complete work history** in the experience background section on the following pages **unless you have submitted a full and complete application since March, 1999.** This applies to **all applicants, including current State employees.** In providing your complete work history information, you may use copies of pages from previous applications to construct one complete and up-to-date application. **If you have submitted a full application since March, 1999,** you may omit your prior work experience, **except for** the experience you have gained since the time of your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position.

To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held, along with all other requested information for each job. **Incomplete information may lower your application rating.** If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. For military experience, it is important that you include the dates and pay grade for each position held. Unpaid, volunteer or part-time work experience may also be included with your work experience history. **You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.**

*****If you have not reviewed the information above, please do so now to be sure you complete this section correctly.*****

JOB A

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [ ][ ] TO [ ][ ] (MO. YR. / MO. YR.) REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB B

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [ ][ ] TO [ ][ ] (MO. YR. / MO. YR.) REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB C

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____

MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____

STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB D

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____

MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____

STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB E

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____

MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____

STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB F

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB G

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB H

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM [| |] TO [| |] REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.