

9. List any specific training which is applicable for this position.

Computer Training	Software/Equipment ID(s) and/or Brand Name(s)	Check (Y) Proficiency Level		
		Beginner	Intermediate	Advanced
Word Processing				
Spreadsheet				
Operating System				
Network				
Other (specify)				
Office Equipment				
Keyboard	Speed:			
10-Key calculator				
Other (specify)				
Equipment				
Backhoe/Loader				
Tapping Machine				
Forklift				
Other (specify)				
Foreign Language				
Spanish	Speak _____ Write _____			
Other _____	Speak _____ Write _____			

This section must be completed. A resume will not be accepted as a substitute.

10. **EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past FIVE years. Include all non-paid or volunteer work. Also list any prior work experience related to the duties of the position for which you are applying. If you need more space, please attach additional sheets.

◆ PRESENT OR LAST EMPLOYER ◆	EMPLOYER	ADDRESS	FROM
		JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER
	SPECIFIC DUTIES		FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
	REASON FOR LEAVING		START SALARY: \$ _____ PER HOUR _____ PER MO. _____ LAST SALARY: \$ _____ PER HOUR _____ PER MO. _____

EMPLOYER	ADDRESS	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
SPECIFIC DUTIES		START SALARY: \$ _____ PER HOUR ____ PER MO. ____
		LAST SALARY: \$ _____ PER HOUR ____ PER MO. ____
REASON FOR LEAVING		

EMPLOYER	ADDRESS	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
SPECIFIC DUTIES		START SALARY: \$ _____ PER HOUR ____ PER MO. ____
		LAST SALARY: \$ _____ PER HOUR ____ PER MO. ____
REASON FOR LEAVING		

EMPLOYER	ADDRESS	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
SPECIFIC DUTIES		START SALARY: \$ _____ PER HOUR ____ PER MO. ____
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EMPLOYER	ADDRESS	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
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