

13. **EXPERIENCE:** Please account for all employment within the last ten (10) years, including military services beginning with your current or most recent employer. In addition, list any other experience that is relevant to the position for which you are applying. You may include volunteer experience and internships. Resumes are required and are not a substitute for this form. You may attach additional sheets as needed. *Note: Failure to complete this form in its entirety may lead to the disqualification of your application.*

From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State	Zip
Reason for Leaving				
Description of Duties: _____ _____				
Hours Worked Per Week				
Type of Business:				
From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State	Zip
Reason for Leaving				
Description of Duties: _____ _____				
Hours Worked Per Week				
Type of Business:				
From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State	Zip
Reason for Leaving				
Description of Duties: _____ _____				
Hours Worked Per Week				
Type of Business:				
From (Mo/Yr)	Title of Position	Company Name	Phone	Name of Immediate Supervisor
To (Mo/Yr)	Address – Number and Street	City	State	Zip
Reason for Leaving				
Description of Duties: _____ _____				
Hours Worked Per Week				
Type of Business:				

NOTE: If you need to add more information regarding your experience, you may attach plain sheets and use the format shown above

I CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I hereby authorize the Human Resources Department to verify any of this information to determine my capabilities for employment, and authorize release of information from my previous employers concerning my job performance. I understand that any statement found not to be materially correct constitute grounds for my dismissal.

PRINT NAME

SIGNATURE

DATE

APPLICATION MUST BE SIGNED AND DATED TO BE ACCEPTED FOR PROCESSING

*Employees working directly with children will be required to submit a health certification from their physician and the results of a Mantoux test.

* All employees will be required to submit to a CARI and fingerprint check.