

Educational and Professional Preparation of Applicant

High School / Location: _____ **Applicant Name:** _____

College	City/State	Degree	Major	Graduation Date

Work History: List previous places of employment

Years Worked	From	To	Employer's Name & Address	Title	Annual Salary	Supervisor's Name

References: List any individuals who are familiar with your professional success.

Name	Official Position at Present	Address and Phone Numbers:

Additional Information: Please attach any additional information you believe will assist us in assessing your qualifications.

Please read carefully before signing:			
I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge.			
I understand that false statements on this application may result in termination of employment.			
Signature of Applicant:	Date:	***** For Office Use Only *****	Official Date of Board Action
			Official Date to Begin Service