

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Internet \_\_\_\_\_ Level: \_\_\_\_\_

☐ Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ Presentation \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ E-mail \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.  
If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		