

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Last Salary
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Last Salary
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Last Salary
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Last Salary
	State Job Title and Describe Your Work _____	Reason for leaving

MILITARY	Did you serve in <input type="checkbox"/> Yes <input type="checkbox"/> No the U.S. Armed Forces?	If "Yes," in what Branch?
Describe any military training received relevant to the position for which you are applying. _____ _____		

E D U C A T I O N	School	Name and Location Of School(s)	Major/Course of Study	No. of Years Completed?	Did You Graduate?	Degree or Diploma (List all)	Date of Graduation
	College (Graduate Work)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College (Undergraduate)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No		

LICENSES AND CERTIFICATES

List all state licenses and certificates or registrations and/or other credentials pertinent to position applied for:

1. Title _____ # _____ 2. Title _____ # _____

Licensing Authority _____

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience. Clinicians list other certificates and granting authority.

<u>Specialized Skills</u>	<u>Check Skills/Equipment Operated</u>	
<u>Computer Skills:</u> (List software)	___ Typewriter	Other (list):
___ Word Processing	___ Calculator	_____
___ _____	___ Copier	_____
___ Data Base	___ Fax	_____
___ _____	___ PBX System	_____
___ Spreadsheet		
___ _____		

REFERENCES

List three character references and/or persons familiar with your competency for the position for which you are applying. At least two must be persons not connected with the Pennyroyal Center.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

