



offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Experience**

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume *in addition* to completing this section. If you need additional space, attach extra copies of this page.

Employer _____ Phone _____ Address _____	From: _____ Month/Day/Year _____ To: _____
City _____ State _____ Zip _____	
Reason for leaving: _____	Month/Day/Year _____
Job Title _____ Job Duties: _____	Salary: _____ Supervisor's Name: _____

Employer _____ Phone _____ Address _____	From: _____ Month/Day/Year _____ To: _____
City _____ State _____ Zip _____	
Reason for leaving: _____	Month/Day/Year _____
Job Title _____ Job Duties: _____	Salary: _____ Supervisor's Name: _____

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Employer _____ Phone _____ Address _____	From: _____ Month/Day/Year _____ To: _____
City _____ State _____ Zip _____	
Reason for leaving: _____	Month/Day/Year _____
Job Title _____ Job Duties: _____	Salary: _____ Supervisor's Name: _____

**Education**

High School Graduate: Yes \_\_\_ No \_\_\_  
Name and Location of high school (city and state) \_\_\_\_\_  
GED Certificate Number \_\_\_\_\_ GED issued by \_\_\_\_\_  
Are you currently attending school? Yes \_\_\_ No \_\_\_  
Level \_\_\_\_\_

**Post High School Education**

Including technical, business, professional schools or college/university.

School Name & Location	Major area(s) Of Study	Type of Degree Or Certification

Please list below the specific course work areas at the high school level or beyond, relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may *not* be substituted for this section, although you may be required to submit a copy of a transcript.



<input type="checkbox"/> Black	Persons having origins in any of the black racial groups of Africa.	limits one or more of your major life activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Desert Storm or Shield Veteran? <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	<div style="text-align: center; background-color: #cccccc; padding: 10px;"> <p><b>To Converse County Departments: Detach and forward to the Converse County Clerk's Office.</b></p> <p><b>(For Statistical Purposes Only.)</b></p> </div>	
<input type="checkbox"/> Native American or Alaskan Native	Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.		
<input type="checkbox"/> Asian/ Pacific Islanders	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or the Pacific Islands.		