

STATE INTERN (11917) APPLICATION

NAME OF EMPLOYEE		FIRST			MI			LAST			SOCIAL SECURITY NUMBER			
Date of Birth	Month	Day	Year		Sex	Race								
					1. () Male 2. () Female	1. () White 2. () Black 3. () Hispanic 4. () Asian 5. () Native Hawaiian or Pacific Islander 6. () American Indian or Alaskan Native 7. () Two or More Races 8. () Do Not Wish to Respond								
Address _____														
House or Apt. No.				Street										
City				County				State			Zip Code			
Telephone No.		Home: _____					Cell: _____							
Education: High School Graduate or GED? () Yes () No						If No, circle highest grade completed:				1	2	3	4	
						5	6	7	8	9	10	11	12	
Schools Attended: Business, Vocational, College or University						From	To	Did you	Major		Type of Degree			
Name						Address		(Mo.) (Yr.)	(Mo.) (Yr.)	Graduate?			and Date	
WORK EXPERIENCE														
List in REVERSE ORDER any work experience relevant to this position. Describe in detail your specific duties. Attach additional sheets if needed.														
1. Current or Last Employer						Your Official Job Title								
Address						Type of Business								
FROM		TO		Total Months	If part-time, number of hours per week _____	Beginning Salary		Ending Salary		May we contact employer? () Yes () No				
Month	Year	Month	Year			\$ _____ per _____	\$ _____ per _____							
					Equipment You Operated				Reason for Leaving					
Name, Title, and Phone Number of Supervisor														
Number/Title of Employees You Supervised														
Describe Your Duties In Detail														
2. Employer						Your Official Job Title								
Address						Type of Business								
FROM		TO		Total Months	If part-time, number of hours per week _____	Beginning Salary		Ending Salary		May we contact employer? () Yes () No				
Month	Year	Month	Year			\$ _____ per _____	\$ _____ per _____							
					Equipment You Operated				Reason for Leaving					
Name, Title, and Phone Number of Supervisor														
Number/Title of Employees You Supervised														
Describe Your Duties In Detail														

I certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of examination, to be removed from an eligible register, or terminated from employment. I further authorize the release of all relevant prior employment, military service and criminal records. If employed I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

Date: _____ Signed: _____