

EDUCATIONAL DATA

Please provide a complete education history

High School or Equivalent

Name

Address

Years Completed

Did you graduate? Yes No

Degree or certificate

College or University

Name

Address

Years Completed

Did you graduate? Yes No

Degree or certificate

Graduate or Professional

Name

Address

Years Completed

Did you graduate? Yes No

Degree or certificate

Vocational/Technical

Name

Address

Years Completed

Did you graduate? Yes No

Degree or certificate

Other(Please specify):

Name

Address

Years Completed

Did you graduate? Yes No

Degree or certificate

Please list fields of work for which you are licensed, registered or certified. Also, please explain when and where you obtained the license, registration or certification.

Please list specific courses you have successfully completed in the area of employment for which you are applying. Include specific computer/software training.

Please check skills and/or experience that you possess:

Typing	Heavy Equip Operation	Police/Security
Dictating equipment	Plumbing	Landscaping
Accounting	Heating & Air	Groundskeeping
Data Entry	Painting	Drafting
Library	Electrician/Electronics	General maintenance
Post Office	Carpentry	Janitorial/Custodial
Nursing	Automechanic	Cashier
Medical Technology	Masonry	

If you select typing as one of your skills please enter wpm:

Computer Skills

Programming	PowerPoint
MS Word	Windows XP/Vista
WordPerfect	Internet
Excel	Other
Access	

Other skills/experience (please specify below):

EMPLOYMENT DATA / WORK HISTORY

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT

Are you a veteran? Yes No If yes, please include your military service in the following work history.

Employed: From	To	Total Years	Months
Starting Salary		per	Final Salary
Employer			per
Address			Emp. Phone
Type of Business		Your Position	
Specific Duties:			
Reasons for Leaving:			

Employed: From _____ To _____ Total Years _____ Months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ Emp. Phone _____
Address _____
Type of Business _____ Your Position _____
Specific Duties: _____
Reasons for Leaving: _____

Employed: From _____ To _____ Total Years _____ Months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ Emp. Phone _____
Address _____
Type of Business _____ Your Position _____
Specific Duties: _____
Reasons for Leaving: _____

Employed: From _____ To _____ Total Years _____ Months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ Emp. Phone _____
Address _____
Type of Business _____ Your Position _____
Specific Duties: _____
Reasons for Leaving: _____

Employed: From _____ To _____ Total Years _____ Months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ Emp. Phone _____
Address _____
Type of Business _____ Your Position _____
Specific Duties: _____
Reasons for Leaving: _____

REFERENCE DATA

List three persons who can provide a reference regarding your work experience and ability.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

List person to be notified in case of emergency or accident:

Name	Relationship	
Address		Phone

AFTER COMPLETING THE APPLICATION FORM, PLEASE READ THE FOLLOWING APPLICANT CERTIFICATION CAREFULLY; PRINT, SIGN AND DATE THE FORM AND MAIL or BRING TO:

**Human Resources
University of West Georgia
Aycock Hall
1601 Maple Street, Carrollton, GA 30118.**

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application or any supplement thereto, is cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me whether or not such information is a part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information. I UNDERSTAND that as a condition of employment, I may be required to pass an employment physical and any future physical examination required by the University. I understand that such employment is subject to the policies of the University and the passing of any required background check, drug screen, written, physical, or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the State University of West Georgia. I FURTHER UNDERSTAND that this application is valid for a period of four months, and that another application must be filed for consideration of future position openings after four months.

Applicant's Signature

Date