Office of the State Auditor & Inspector
Application of Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, political affiliation, or any other protected status.

PERSONAL:

Name _____ Date _____
        Last   First   Middle

Present Address _____
                Number & Street   City   State   Zip Code

Permanent Address _____
                Number & Street   City   State   Zip Code

Phone Number (____)_____ Email Address _____

Position Sought _____ ☐ Full Time   ☐ Part Time

Social Security Number_____ – ____ – _____ Are you over 18 years old? ☐ Yes ☐ No

Are you legally eligible for employment in the United States?   ☐ Yes ☐ No

Are you able to perform the essential functions of the job?   ☐ Yes ☐ No

Have you applied to or previously worked for this agency?   ☐ Yes ☐ No

    If yes, what position?_____ When? _____ – _____

Referred By: _____   Phone (____)_____

Emergency Contact:_____   Phone (____)_____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Yrs Completed (Select one) 1   2   3   4   Name_____

    Diploma: ☐ Yes ☐ No   G.E.D.: ☐ Yes ☐ No   City/State _____

College and/or Vocational School: Yrs Completed (Circle one) 1   2   3   4

    School(s) _____ City/State _____

    Major _____ Degrees Earned_____

Other Training or Degrees:

    School(s) _____ City/State _____

    Course(s) _____ Degree or Certificate Earned _____

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PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

Issuing State   License Number   Expiration Date

Other Professional Membership:_____

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*(**NOTE:** You need not disclose membership in a professional organization that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, political affiliation, or any other protected status.)*

EMPLOYMENT: list last employer first, including US Military Service

May we contact your current employer? ☐ Yes   ☐ No

If any employment was under a different name, please indicate name_____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment _____ to _____
                        Month/Year   Month/Year

Salary_____ Supervisor_____ Department _____

Duties_____ ☐ Full Time ☐ Part Time   Hours Per Week

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

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Dates of Employment _____ to _____
Month/Year   Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ ☐ Full Time ☐ Part Time   Hours Per Week

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment _____ to _____
Month/Year   Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ ☐ Full Time ☐ Part Time   Hours Per Week

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment _____ to _____
Month/Year   Month/Year

Salary _____ Supervisor _____ Department _____

Duties _____ ☐ Full Time ☐ Part Time   Hours Per Week

Reason for Leaving _____

If you wish to describe additional work experience, please include the information noted above for each position on a separate piece of paper.

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REFERENCES:

Professional	**Personal**

Name _____   **Name** _____

Address _____   Address _____

_____   _____

Phone (   ) _____   Phone (   ) _____

Email _____   Email _____

Name _____   **Name** _____

Address _____   Address _____

_____   _____

Phone (   ) _____   Phone (   ) _____

Email _____   Email _____

Name _____   **Name** _____

Address _____   Address _____

_____   _____

Phone (   ) _____   Phone (   ) _____

Email _____   Email _____