



**PERSONAL DATA**

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE NUMBER(S)

Residence: \_\_\_\_\_

Business: \_\_\_\_\_

Message: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time you must file a new application.

POSITION APPLIED FOR:

\_\_\_\_\_

When is the earliest date you could report to work?

\_\_\_\_\_

Are you authorized to work in the United States?

yes  no

NOTE: if you are hired, you will be asked to provide verification of your work eligibility.

Are you 18 years of age or older?

yes  no

**EDUCATION AND CERTIFICATES**

Do you have a high school diploma or GED certificate?  yes  no

List name and location \_\_\_\_\_

**SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED**

School Name	Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma

Have you worked for MESD before?  yes  no

Date worked \_\_\_\_\_ Position held \_\_\_\_\_

May we share your application with other agencies?  yes  no

**EMPLOYMENT HISTORY:**

List below your work and military experience, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. If you do not feel that the space provided or DUTIES is adequate, please attach additional sheets. **PLEASE COMPLETE SECTIONS/ITEMS WHETHER OR NOT YOU SUBMITTED A RESUME. If this section is not completed, your application will not be processed. Be sure to read and sign the bottom of page 3 of 3.**

Present or Last Position	EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HRS./DAY _____  # OF DAYS/YR. _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		
EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HRS./DAY _____  # OF DAYS/YR. _____	
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE		
DUTIES (be specific)			
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		
EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HRS./DAY _____  # OF DAYS/YR. _____	
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE		
DUTIES (be specific)			
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		

