

8a. **EDUCATION**

Have you graduated from high school (Y/N)? _____

If yes, give name and location of high school. _____

If no, do you have a high school equivalency diploma (Y/N)? _____

8b. **UNDERGRADUATE/GRADUATE EDUCATION**

	Name and location of school	Number of Years Credited	Did you graduate?	Type of course or major	Number of college credits received	Type of degree received	If not yet graduated, date degree expected
College, University or Technical School							
Other schools or special courses							

9. **PROFESSIONAL LICENSES:** If a license or other authorization to practice a trade or profession is listed as a requirement of the announcement, fill in the following blanks. If not currently licensed, check here.
 _____ I am not currently licensed.

Name of Trade / Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From (Mo/Yr)	Registered to (Mo/Yr)

10. Driver's Licenses: If required in the announcement, do you have a valid license to operate a motor vehicle in New York State (Y/N)? _____

If you have a commercial motor vehicle driver's license, check the endorsements which you have:
 _____ Hazardous materials _____ Tank
 _____ Other (Describe) _____

11. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below all employment is relevant to the minimum qualifications of the position for which you are applying. All blanks must be completed fully. Omissions will not be interpreted in your favor. Information must be on application. Do not use a resume to supplement.

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

NAME: _____

ADDITIONAL EXPERIENCE

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

NAME: _____

ADDITIONAL EXPERIENCE

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			

Length of Employment	Firm Name	Address	City and State
From: To:			
Duties Performed:			
Type of business			
Your Title			
Name of Your Supervisor			
Supervisor's Title			
Number of hours worked per week (exclusive of overtime)			