

WORK EXPERIENCE:

List in order with last employer first. Account for the last 10 years, or years worked if less than 10 years.
Please feel free to add an extra sheet or resume if you need space for additional information.

1.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>					
<i>To:</i>					
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>				<i>Reason for Leaving</i>	

2.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>					
<i>To:</i>					
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>				<i>Reason for Leaving</i>	

3.

<i>Present or Last Employer</i>				<i>Address</i>	<i>Phone</i>
	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Supervisors Name</i>	<i>Salary</i>
<i>From</i>					
<i>To:</i>					
<i>Description of Duties (include significant responsibilities, accomplishments and contributions):</i>				<i>Reason for Leaving</i>	

US ARMED FORCES:

<i>Branch of Service</i>	<i>Service Schools Attended</i>
<i>Number of Years Served:</i>	<i>Responsibilities</i>
<i>Honorable Discharge? Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	

LICENSURE, REGISTRATION, CERTIFICATION:

Type and State Licensing Agency (Examples:, PE, CPA, ASLA, AIA)	Number	Date Received

HONORS & AWARDS, SCHOLARSHIPS AND MEMBERSHIPS:

Type	Date Received

PUBLICATIONS:

List What or Where Published	Date Published

KNOWLEDGE, SKILLS, ABILITIES, LANGUAGES:

List skills you possess and believe relevant to the position you seek	Computer Literacy	Proficiency		
		Very	Moderately	Beginner
Microsoft Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AutoCad		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MicroStation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES:

List three previous employers	Name	Address	Phone #	Occupation	Years

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a professional license endorsed, suspended or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Issuing State: _____	If yes, give details: _____
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain circumstances: _____	
Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain circumstances: _____	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I certify that the answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize Klingner & Associates, P.C. to verify any and all information contained in this application from former employers and others, unless specified otherwise above, and I release all concerned from any liability in connection with any information they give. I have read and signed the "Drug Abuse Policy Statement" included on Page 4.

Applicant Signature

Date

Interviewer Signature

Date

**FOR OFFICE
USE ONLY:**

DRUG ABUSE POLICY STATEMENT

Klingner & Associates, P.C. has an obligation to its employees, customers, shareholders, and the public at large to take reasonable and appropriate steps to prevent drug abuse by its employees in or affecting the workplace. This policy is based in substantial part on the company's concern regarding the safety, health, and welfare of its employees, their families, its customers, and the community.

Consistent with this commitment, the company strictly prohibits:

1. The presence of employees on the job while under the influence of intoxicants, drugs, or any other controlled substances;
2. The illegal use, possession, transfer, or trafficking of intoxicants, illegal drugs, or controlled substances in any amount, in any manner, or at any time, either on company premises or while conducting company business;
3. The use of company property, including company vehicles and telephones, or an employee's position within the company to make, transfer, or traffic illegal intoxicants, illegal drugs, or controlled substances; and
4. Any other illegal use, possession, or trafficking of intoxicants, illegal drugs, or controlled substances in a manner, which has an adverse impact on the company.

Any employee who is under medication or taking any drug, which may affect the employee's ability to perform his or her job in a safe and productive manner, must report such use to his or her supervisor. Supervisors, in conjunction with personnel staff, will determine if the employee should remain at work, be restricted in his or her duties, or be sent home.

The company has the right to:

1. Discipline employees, including dismissal, for felony convictions regarding illegal use, possession, or trafficking of drugs;
2. Search, based on reason to believe this policy is being violated, an employee's person, locker, desk, vehicle, workstation, briefcase, tool box, wallet, purse, lunch box, pockets, and personal belongings. Entry on company premises constitutes consent to searches and inspections;
3. Test employees, including blood or urine tests, and perform medical examinations for the purpose of determining if the employee has engaged in illegal drug use; and
4. Take disciplinary action against employees who violate this company policy, including refusal to submit to testing, inspection, or searches. Employees also may be suspended pending outcome of an investigation regarding compliance with this policy.

By signing this application, job applicants may be required to undergo drug testing and medical examination, will be required to read and sign this copy of the company's drug abuse policy statement, and agree to permit such tests and examinations and company use of their results. Those job applicants who fail such tests and examinations will not be offered employment.

Notification to law enforcement agencies will be made, at the discretion of the company, regarding violations of this policy as appropriate and/or necessary.

I have read the above company policy statement, understand it's meaning, and have received a copy.

Signature

Date