

EDUCATION

High School

Name	Location	Major Course of Study	Diploma Received?

College or Schools after high school (include any education in military service)

Name	Location	Academic Major, Skill or Trade	Degree Received?

SKILLS

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED:

(MARK "T" IF YOU HAVE TRAINING IN THE SKILL. MARK "E" IF YOU HAVE EXPERIENCE IN THE SKILL. MARK "B" IF YOU HAVE BOTH TRAINING AND EXPERIENCE.)

BUSINESS

___ Typing ___ W.P.M.	___ Ten-Key Adding	___ Insurance Billing
___ Shorthand ___ W.P.M.	___ Calculator	___ Medicare/Medicaid
___ Transcription	___ Key Punch	___ Medical Terminology
___ Bookkeeping	___ Invoicing/Inventory	___ Word Processing
___ Accounting	___ PBX	___ Computers

Describe other specialized job skills or abilities which will assist in evaluating your qualifications for the position for which you are applying: _____

PROFESSIONAL REGISTRATION/LICENSURE

Type of Registration or License	State	Number	Date of Expiration
If you do not have a required registration or license, have you applied for one? Yes ___ No ___ If an examination is required, what date are you scheduled to take the examination? _____ If not licensed in Oregon, have you applied for reciprocity? Yes ___ No ___			

Is there a previously successful or currently pending challenge to any licensure or registration or the voluntary relinquishment of such licensure or registration that you have? Yes ___ No ___

WORK EXPERIENCE

List most recent employer first. Include at least past five (5) years, and account for any time gaps in your employment history, including any military service. (Attach additional sheet if necessary.)

1. Name of employer, address	Dates employed (month/year) From To Final salary \$	Name of supervisor Phone # May we contact? Yes ___ No ___
Job title and description of duties		Reason for leaving
2. Name of employer, address	Dates employed (month/year) From To Final salary \$	Name of supervisor Phone # May we contact? Yes ___ No ___
Job title and description of duties		Reason for leaving
3. Name of employer, address	Dates employed (month/year) From To Final salary \$	Name of supervisor Phone # May we contact? Yes ___ No ___
Job title and description of duties		Reason for leaving
4. Name of employer, address	Dates employed (month/year) From To Final salary \$	Name of supervisor Phone # May we contact? Yes ___ No ___
Job title and description of duties		Reason for leaving
5. Name of employer, address	Dates employed (month/year) From To Final salary \$	Name of supervisor Phone # May we contact? Yes ___ No ___
Job title and description of duties		Reason for leaving

Did you work for any of the above employers under a different name? If so, please circle which one(s) 1 2 3 4 5

For reference purposes, please give the name under which you worked _____

Have you been convicted of a criminal offense within the past five years (do not include minor traffic violations)?

Yes ___ No ___ (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully. _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the information set forth in this Application for Employment is true, complete and accurate to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for my dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

I further understand that my employment is contingent upon successful completion of post-offer substance abuse and physical capacity evaluation testing, employment references, educational and criminal background information furnished by me. I consent to and authorize Dial-A-Bus and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

In considerations of my employment, I agree to conform to the rules and regulations of Dial-A-Bus, and agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either Dial-A-Bus or myself.

Signature of Applicant

Date