***CREST***

***APPLICATION FOR EMPLOYMENT***

# *INSTRUCTIONS TO APPLICANTS*

***TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM****.*

***CREST ONLY EMPLOYS: US CITIZENS OR ELIGIBLE ALIENS***

# *WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU*

* *COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.*
* *GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.*
* *LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.*
* *AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.*
* *PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.*
* *CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.*

*ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.*

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| **Equal Opportunity Information**  State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. | |
| **Date of Birth**  (Month) (Day) (Year)  **Gender**    Male Female | **ETHNIC GROUP**   1. White (non-Hispanic) 2. Black (non-Hispanic) 3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. Asian (including Pacific Islander) 5. American Indian (including Alaskan native) |

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| **CREST EMPLOYMENT APPLICATION** | | | | | | | | | | Date of Application | |
| Last 4 digits of Social Security No. | | Last Name | | | | First Name | | | | Middle Name | |
| Address (Street number and name) | | | | | | City | | | | County | |
| State | | Zip Code | Phone (Home or where you can be reached) | | | | | | Business Phone | | |
| **Additional information applicant may want to share.** | | | | | | | | | | | |
| CHECK the types of work you will accept: 1. Work involving Travel 2. Shift or Split Shift Work  A: Permanent full-time B: Permanent part-time C: Temporary full-time D:. Temporary part-time E: Any of the preceding  Is applicant eligible for military preference?  f you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) | | | | | | | | | | | |
| **Job Applied For**  Enter below the specific title and vacancy number of the job for which you are applying.  Job Title: | | | | | | | | | | | |
| **Referral Source**  Please indicate your referral source: If you were referred by the Employment Security Commission (Job Service) please indicate which local office**:** | | | | | | | | | | | |
| **Education**  Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours. | | | | | | | | | | | |
| Schools | Name and Location | | Dates Attended (mo/yr) From: To: | | Grad? | | S/Q Hrs. | Major/Minor Course Work | | | Type Degree Received |
| High School |  | |  |  |  | |  |  | | |  |
| College(s University (s) |  | |  |  |  | |  |  | | |  |
| Graduate or Professional |  | |  |  |  | |  |  | | |  |
| Other educational, vocational school, internships, etc. |  | |  |  |  | |  |  | | |  |
| Special training programs and seminars you have completed in the last five years (list): | | | | | | | | | | | |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: | | | | | | | | | | | |
| Current professional status: (List fields of work for which you have been registered)  Registration: State: No. Registration: State: No. | | | | | | | | | | | |
| Membership in professional, honorary, or technical societies (list): | | | | | | | | | | | |

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| **Licenses and certifications (List, giving dates and sources of issuance):** | | | | |
| **SKILLS**  CHECK the following skills, experiences, etc., which you have:  Driver’s License Number State Sign Language Legal transcription Foreign language (specify) Medical transcription  Chauffeur’s License Number State Adding Machine/calculator Braille  Typing (specify WPM) Word Processing  Car for use at work Shorthand/speedwriting (specify WPM) Other | | | | |
| Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.) | | | | |
| **WORK HISTORY** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight youR competencies which demonstrate your qualifications for the position for which you are applying. Use additional copies of this page if needed. | | | | |
| Current or Last Employer: | | Address: | | |
| Job Title: | | Supervisor’s Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary  $ per | Ending or Current Salary  $ per | Reason for Leaving | May We Contact Employer YES NO |
| Date Separated (mo/yr) | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | |
| Full Time Years Months |
| Part Time Years Months |
| If part time, number of hours worked per week: |
| Employer: | | Address: | | |
| Job Title: | | Supervisor’s Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary  $ per | Ending or Current Salary  $ per | Reason for Leaving | |
| Date Separated (mo/yr) | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | |
| Full Time Years Months |
| Part Time Years Months |
| If part time, number of hours worked per week: |
| Employer: | | Address: | | |
| Job Title: | | Supervisor’s Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary  $ per | Ending or Current Salary  $ per | Reason for Leaving | |
| Date Separated (mo/yr) | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: | | | |
| Full Time Years Months |
| Part Time Years Months |
| If part time, number of hours worked per week: |
| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications    Signature of Applicant (unsigned applications will not be processed) Date | | | | |