



Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

- PC User     
 Macintosh User     
 Windows     
 Microsoft Word  
 Microsoft Excel     
 Microsoft Publisher     
 Microsoft Powerpoint  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE**

Do you have a driver's license?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)  
 Chauffeur

Expiration date \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.


**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary.

Most Recent Employer	Dates Employed	Work Performed
	From:	
	To:	
	Final pay rate:	
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

**AVAIL HEALTH SERVICES RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)**

I, \_\_\_\_\_, authorize AVAIL HEALTH SERVICES to make inquiries of my former

(Print your name)

employers regarding my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for employment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REFERENCES**

Please list two references other than relatives. Prior employers preferred.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**Thank you for applying to Avail Health Services.**