

EMPLOYMENT APPLICATION

Provide all information requested by printing in ink or keying. Use the tab key to move through the document.

| GENERAL INFORMATION | ON | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------------|-------------------------------------------------|--------------|---------------|---------|-----------------|-----------|
| Name (Last) | | | (First) | | | (Middle Ir | nitial) | Home Telep | hone - |
| Address (Mailing Address) | | | (City) | | (State) | (Zip) | | Cell Phone | |
| E-mail Address | | | | | | | | () | - |
| | | | | | | | | | |
| POSITION | | | | | | | | | |
| Position or Type of Employment Desired | | | | | Will Accept: | | | | |
| | | | | | | Part-Tim | ie | Full-Tim | e |
| Have you ever been employed at the Merit Corporation before? Tes [| | | | S No | | Date Availab | ماد | | |
| Are you able to perform the essential functions of the job you are applyi reasonable accommodation? Yes No | | | | ing for, with or with | out | Date Availab | ne . | | |
| Salary Desired | | | | | | | | | |
| | | | | | | | | | |
| EDUCATION AND TRA | INING | | | | | | ı | | |
| School or Institution | Name ar | nd Address | of School | N | Major | | Gr | Year aduated | Degree |
| High School | | | | | | | | | |
| College | | | | | | | | | |
| College | | | | | | | | | |
| Other | | | | | | | | | |
| Special Abilities and Skil | IS | | | Professional (| Certifica | ates or Licer | ises H | eld | |
| Extracurricular Activities | | | | Present Community and Professional Affiliations | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Languages Read, Writte | n or Spoken Flu | ently Oth | er Than English | 1 | | | | | |
| REFERENCES List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position(s) you seek other than those listed in your credential file. | | | | | | | | | |
| Name | Posit | ion | Address Teleph | | | | phone | | |

| WORK EXPERIENCE—Wost recent jirst, include voluntary | work and military experienc | E | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Employer Address | Telephone Number (|) - | From (Month/Year) | |
| Job Title | Number Employees Con- | amica d | To (Manth (Veen) | |
| Specific Duties (Maximum 350 characters) | Number Employees Supe | ervisea | To (Month/Year) | |
| Specific Duties (waximum 350 characters) | | | Hours Per Week | |
| | | | Last Salary | |
| | | | Supervisor | |
| Reason For Leaving | | May We Contact This E | mployer? | |
| Employer | Telephone Number (|) - | From (Month/Year) | |
| Address | | | | |
| Job Title | Number Employees Supe | ervised | To (Month/Year) | |
| Specific Duties (Maximum 350 characters) | | | | |
| | | | Hours Per Week | |
| | | | Last Salary | |
| | | | Supervisor | |
| Reason For Leaving | Man Ma Comtact This F | malayar3 | | |
| Reason For Leaving | | May We Contact This E | ilployer: Tes I No | |
| Employer | Telephone Number (|) - | From (Month/Year) | |
| Employer Address | |) - | From (Month/Year) | |
| Employer Address Job Title | Telephone Number (Number Employees Supe |) - | 1 | |
| Employer Address | |) - | From (Month/Year) | |
| Employer Address Job Title | |) - | From (Month/Year) | |
| Employer Address Job Title | |) - | From (Month/Year) To (Month/Year) | |
| Employer Address Job Title | |) - | From (Month/Year) To (Month/Year) Hours Per Week | |
| Employer Address Job Title | |) - | From (Month/Year) To (Month/Year) Hours Per Week Last Salary Supervisor | |
| Employer Address Job Title Specific Duties (Maximum 350 characters) Reason For Leaving I certify the information contained in this application is true, co | Number Employees Superrect, and complete. I under |) - ervised May We Contact This E | From (Month/Year) To (Month/Year) Hours Per Week Last Salary Supervisor mployer? Yes No | |
| Employer Address Job Title Specific Duties (Maximum 350 characters) Reason For Leaving | Number Employees Superrect, and complete. I under | May We Contact This E | From (Month/Year) To (Month/Year) Hours Per Week Last Salary Supervisor mployer? Yes No | |