

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No

GED: Yes No

UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:	Total Semester Hours:
Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name:		Location:		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name		Location:		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received Yes No	Date	
Name		Location:		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received Yes No	Date	

Additional qualifications or information that you wish to have considered:

EMPLOYMENT HISTORY: List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with All State Communications, Inc. and/or may be removed from a job after hire. If you need additional space attach a separate sheet of paper using the same format.

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
			Number Professional Employees Supervised:	
			Number Non-Professional Employees Supervised:	

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Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
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Duties:			Hours Per Week	
			Monthly Salary \$	
			Number Professional Employees Supervised:	
			Number Non-Professional Employees Supervised:	

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

CERTIFICATION: I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I also certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for jobs with All State Communications, Inc.; may constitute grounds for discipline and/or termination after hire; and/or may constitute grounds for further actions pursuant to law. If requested, I can and will supply documentation that will confirm that the entries made on this application are true, complete and correct.

Signature (unsigned applications may not be considered)	Date