STAFF INFORMATION

IDENTIFYING INFORMATION	
NAME	
TITLE	TELEPHONE NUMBER
ADDRESS	
OTHER NAME(S) USED	

EDUCATION

HIGHEST GRADE YOU COMPLETED ☐

HIGH SCHOOL GRADUATE ☐ YES ☐ NO

GED HIGH SCHOOL EQUIVALENCY TEST ☐ YES ☐ NO

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE OBTAINED	DATE COMPLETED

WORK EXPERIENCE – BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).

DATES	Name of Employer	Address of Employer	Duties	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				

Completed by:_____ Date: _____

County Where Signed:_____