

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are not required to give any information on this form that is prohibited by Federal, State or Local Law

Name:					Date:		
Address:						Telephone Home: Work: Cell:	
City:	State: Zip:				Social Secur	ity Number:	
Position applying for: Salary requirement:							
Date available: Typing WPM:							
Have you ever been employed by AFSCME before? Yes No Year							
Location and p	osition:						
EDUCATION							
Type of School	Name and Location	No. of Years Attended	Major	Minor	Type of Degree Received	Dates Attended	
High School	Name					From	
	Location					То	
Trade, Apprentice, or Business School (or other)	Name					From	
	Location					То	
College / University	Name					From	
	Location					То	

EXPERIENCE - List pr	resent or more recent employer first.				
Employer		Position		Salary	
Address		Immediate Supervisor			
Telephone		Dates Employed		From	
Brief description of job	duties:			То	
Direct description of job	uutes.				
Employer		Position		Salary	
Address		Immediate Supervisor			
Telephone		Dates Employed Fro		m	
Brief description of job	duties:		To		
Employer		Position		Salary	
Address		Immediate Supervisor			
Telephone		Dates Employed Fro		m	
Brief description of job	duties:		To		
Employer		Position		Salary	
Address		Immediate Supervisor			
Telephone		Dates Employed	Fro To	m	
Brief description of job	duties:	L	10		
Employer		Position		Salary	
Address		Immediate Supervisor			
Telephone		Dates Employed Fro		m	
Brief description of job	duties:	1	~		

DEFENDACES	_		
REFERENCES			
Name	Address		Phone
PLEASE RE	AD THE FOLLOWI	NG CAREFULLY	
The data recorded by me on this app	olication is true to the	best of my knowledge.	
I hereby authorize investigation of all release AFSCME and its agents from of any false statements or willful omit this application for employment may cause for discharge at any time with	n any liability arising issions in this applicat be used as grounds f	there from. I understantion, or any other docur	nd that the making nents relating to
Signature			
Date			