



**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

<b>Name:</b>				<b>Date:</b>		
<b>Address:</b>				<b><u>Telephone</u></b> <b>Home:</b> <b>Work :</b> <b>Cell:</b>		
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Social Security Number:</b>
<b>Position applying for:</b> _____				<b>Salary requirement:</b> _____		
<b>Date available:</b> _____				<b>Typing WPM:</b> _____		
<b>Have you ever been employed by AFSCME before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Year</b> _____						
<b>Location and position:</b> _____						
<b>EDUCATION</b>						
Type of School	Name and Location	No. of Years Attended	Major	Minor	Type of Degree Received	Dates Attended
<b>High School</b>	Name					From
	Location					To
<b>Trade, Apprentice, or Business School (or other)</b>	Name					From
	Location					To
<b>College / University</b>	Name					From
	Location					To

**Federal and State laws prohibit discrimination on the basis of race, color, religion, sex, national origin, handicap and age.**

<b>EXPERIENCE - List present or more recent employer first.</b>			
<b>Employer</b>		<b>Position</b>	<b>Salary</b>
<b>Address</b>		<b>Immediate Supervisor</b>	
<b>Telephone</b>		<b>Dates Employed</b>	<b>From</b>
			<b>To</b>
<b>Brief description of job duties:</b>			
<b>Employer</b>		<b>Position</b>	<b>Salary</b>
<b>Address</b>		<b>Immediate Supervisor</b>	
<b>Telephone</b>		<b>Dates Employed</b>	<b>From</b>
			<b>To</b>
<b>Brief description of job duties:</b>			
<b>Employer</b>		<b>Position</b>	<b>Salary</b>
<b>Address</b>		<b>Immediate Supervisor</b>	
<b>Telephone</b>		<b>Dates Employed</b>	<b>From</b>
			<b>To</b>
<b>Brief description of job duties:</b>			
<b>Employer</b>		<b>Position</b>	<b>Salary</b>
<b>Address</b>		<b>Immediate Supervisor</b>	
<b>Telephone</b>		<b>Dates Employed</b>	<b>From</b>
			<b>To</b>
<b>Brief description of job duties:</b>			
<b>Employer</b>		<b>Position</b>	<b>Salary</b>
<b>Address</b>		<b>Immediate Supervisor</b>	
<b>Telephone</b>		<b>Dates Employed</b>	<b>From</b>
			<b>To</b>
<b>Brief description of job duties:</b>			

REFERENCES		
Name	Address	Phone

**PLEASE READ THE FOLLOWING CAREFULLY**

The data recorded by me on this application is true to the best of my knowledge.

I hereby authorize investigation of all statements contained in this application. I also agree to release AFSCME and its agents from any liability arising there from. I understand that the making of any false statements or willful omissions in this application, or any other documents relating to this application for employment may be used as grounds for denying employment or be sufficient cause for discharge at any time without previous notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_