

WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills:					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
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Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills :					

How You Heard About The Job: Walk-in College/University Technical School Employee Referral thejobsite.org
 Newspaper State Agency Web Site Other Internet Source DOL Career Center Other _____

Date: _____ **Requisition Number (for announced jobs only):** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by REBHC to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia.

Last Name	First Name	MI

Ethnic Background (Check One):		Gender (Check One):	Birth Date			
			MO DAY YR			
1. <input type="checkbox"/> Native American	2. <input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 30px;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>			
3. <input type="checkbox"/> Hispanic	4. <input type="checkbox"/> Black, not of Hispanic origin					
5. <input type="checkbox"/> Asian/Pacific Islander	6. <input type="checkbox"/> Multi-racial					
7. <input type="checkbox"/> Other						

For Agency Use