

PERSONNEL DATA SUMMARY

TYPE OR PRINT IN INK (if additional space is needed, use 8 1/2 x 11 sheet) *

PLEASE COMPLETE BOTH PAGES

NAME (Last, First, M.I.)		SOCIAL SECURITY NO.		TELEPHONE NO. (Present Work No. or Other-Specify)		
ADDRESS - STREET, R.D.		CITY	COUNTY	STATE	ZIP CODE	
ARE YOU A U.S. CITIZEN	HOW LONG A RESIDENT OF PA	ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME		IF YES, LIST NAME HERE	VETERANS CREDIT CLAIMED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE	
NAME AND LOCATION OF EDUCATIONAL INSTITUTION		DATES ATTENDED	SEM CREDITS	DATE GRAD	DIPLOMA OR DEGREE	MAJOR SUBJECTS *** OR COURSES
COLLEGE OR UNIVERSITY						
GRADUATE OR PROFESSIONAL						
OTHER SCHOOLING (SPECIFY)						
LIST BY NUMBER YEAR ISSUED AND DATE OF EXPIRATION ANY LICENSE (TO INCLUDE DRIVER'S LICENSE) CERTIFICATE OR REGISTRATION ISSUED BY THE COMMONWEALTH OR PROFESSIONAL ASSOCIATION WHICH RELATES TO, OR IS A REQUIREMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING.						
LIST ANY PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG (DO NOT LIST ANY ORGANIZATION THAT WOULD REVEAL YOUR RACE, COLOR, RELIGIOUS CREED OR NATIONAL ORIGIN.)						
LIST ANY OTHER TRAINING AND EXPERIENCE YOU HAVE THAT YOU BELIEVE PARTICULARLY APPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.						
EMPLOYMENT RECORD		LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIOD OF UNEMPLOYMENT STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS. (INCLUDE PAID EMPLOYMENT VOLUNTEER OR UNPAID WORK AND MILITARY SERVICES WHICH IN YOUR OPINION HELPS TO QUALIFY YOU FOR THE JOB YOU WANT,				
NAME AND ADDRESS OF EMPLOYER		POSITION TITLE		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
		DATES OF EMPLOYMENT From _____ To _____			NO. HOURS WORKED EACH WEEK	
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES						
NO. EMPLOYEES SUPERVISED						

