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	Phone: (845)-986-2398 Fax: (845) 986-2344 Email: jsda@deerkoskiengineering.com Website: www.deerkoskiengineering.com	
Employment Applicat	tion	
Date:		
PERSONAL		
Name:		
Name: First Middle	Last	
Present Address:		
City State	Zip Code	
Phone: () Cell: ()		
Email:		
If referred by one of our employees, please indicate h	is or her name:	
GOALS		
Position(s) desired:		
What are your salary requirements per week?		
What is your ultimate career goal?		

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EMPLOYMENT HISTORY

List in order with LAST employer first. Account for the last 10 years, or years worked if less than 10 years. Use supplemental sheets if necessary.

1.

From	То	Job Title	Supervisor's Name	Salary	
Company Location Reason for Leaving					
Description of duties (include significant responsibilities, accomplishments, and contributions):					
Supervisors Telephone Number:					

2.

From	То	Job Title	Supervisor's Name	Salary	
Company Location Reason for Leaving					
Description of duties (include significant responsibilities, accomplishments and contributions):					
Supervisors Telephone Number:					

3.

From	То	Job Title	Supervisor's Name	Salary	
Company Location Reason for Leaving					
Description of duties (include significant responsibilities, accomplishments and contributions):					
Supervisors Telephone Number:					

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EDUCATIONAL BACKGROUND

Name	Location	Dates: From/To	Graduate Mo./Yr.	Major Degree Subject	Minor Subject
High School					
Colleges					
Graduate School					
Technical, Business or Other					

Please list any scholastic honors, scholarships, assistantships, etc. you have received or been awarded:

Please list any Publications, theses, etc. you have written in the past:_____

SKILL INVENTORY

Lists the skills which you would bring to the position:

Computer Software:

Indicate level of proficiency: 1. Very proficient 2. moderately proficient 3. beginner

Program	Proficiency

Languages:	
Other Skills:	
UNITED STATES ARMED FOR	CES
Branch of U.S. Service:	Active Duty Dates: From:To:
Major Duties: Service Schools Attended:	
PROFESSIONAL ACTIVITY Registration (Location & Type):	
Publication (List):	
Membership in Professional Societies:	

REFERENCES

List three References who are not relatives or previous supervisors:

Name	Address	Occupation	Years Known	Telephone
Name	Address	Occupation	Years Known	Telephone
Name	Address	Occupation	Years Known	Telephone
If you wis	sh to give any additi	onal information, use th	nis space:	

Are you under any obligation to a previous employer, through a covenant not to compete, or otherwise restricted in your acceptance of employment with a competitive firm?

Yes

No

I certify that the answer given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize this company to verify any and all information contained in this application from former employers and others, and I release all concerned from any liability in connection with any information they give.

Witness (Company Interviewer)

Applicant's Signature

Date

Date

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