

EXPERIENCE- Starting with the most recent, describe all paid, military AND voluntary experience. Highlight your knowledge, skills, abilities AND volunteer/community service experience.

1.

Job Title: _____
Employer: _____
Type of Business: _____
Dates: from _____ to _____
(mo/yr) (mo/yr)
Full Time _____ **Part Time** _____
Number of hours worked per week _____

Duties: _____

2.

Job Title: _____
Employer: _____
Type of Business: _____
Dates: from _____ to _____
(mo/yr) (mo/yr)
Full Time _____ **Part Time** _____
Number of hours worked per week _____

Duties: _____

3.

Job Title: _____
Employer: _____
Type of Business: _____
Dates: from _____ to _____
(mo/yr) (mo/yr)
Full Time _____ **Part Time** _____
Number of hours worked per week _____

Duties: _____

4. Use this space for any additional information you think would help us evaluate your application. Include special training, completed seminars workshops and achievements.

5. Automated word processing (specify equipment): _____

6. License, certificate or other authorization to practice a trade or profession:

Type	License Number	Licensing Board

REFERENCES

Name	Address	Phone	Relationship

7. Have you ever been convicted of any violations of the law, including moving traffic violations? YES NO If yes, please provide the following:

Description of offense: _____

Date of charge: _____ Date of conviction: _____

County, City and State of conviction: _____

*Please use additional paper as needed, providing above information for each conviction and attach to back copy.

CERTIFICATION – *Each application requires current date and original signature.*

I hereby certify that all entries contained herein, including additional attachments, are true and complete. I agree and understand that any falsification of information herein, regardless of time discovery, may be grounds for dismissal from United Sleep Medicine School of Polysomnography. I understand that all information on this application is subject to verification and I consent to educational institutions listed being contacted regarding this application. I further authorize United Sleep Medicine to rely upon and use, as it sees fit, any information received from such contracts.

Date: _____ Applicant Signature: _____