

Supervisor's Name:	Reason For Leaving:		
3	From:		
	To:		
Supervisor's Name:	Reason For Leaving:		
4	From:		
	To:		
Supervisor's Name:	Reason For Leaving:		
Indicate any employer(s) you do not want us to contact:			
Please explain any periods of unemployment: _____			

Summarize special skills and qualifications acquired from employment and/or other experience:

Skills in which you have had experience or training:

Typing _____ WPM
 10 Key Touch
 Bookkeeping
 S/H _____ WPM
 Keypunch
 Word Processing
 Refrigeration
 Plumbing
 Electrical
 H V A C
 Construction
 Painting
 Other (Please List) _____

Do you hold any professional licenses or certificates? Yes No

If "yes", indicate title and location where valid: _____

Have you received any professional awards/honors? Yes No

If "yes", describe award/honor and date received: _____

List any professional groups or organizations that you belong to and describe your activity in them: _____

I authorize do not authorize a representative of Collegiate Management Services, LP to contact all sources listed above (excluding employers indicated) and any others necessary to confirm the aforementioned Application information. I also authorize do not authorize a representative of Collegiate Management Services, LP to obtain a personal credit check on me.

If in the judgement of Collegiate Management Services, LP, I have knowingly withheld information, given false information, or made misrepresentations, any offer of employment may be withdrawn or employment terminated without liability to Collegiate Management Services, LP. other than for services I have actually rendered.

I understand that, if hired, I may be terminated at any time and for any reason that is not contrary to law.

Applicant's Signature Date

Aug-02