

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
---	--	--

RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

****Must be from a recognized accredited school - original transcript is required if hired****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

RELATED LICENSES (provide current original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Drafting	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written FLUENTLY _____ _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> PowerPoint	_____	_____	

Also include specific software experience in your job descriptions.

APPLICANT DATA

The information requested in the following questions will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet federal EEO reporting requirements and to conduct background checks.

Last Name		First Name			Middle Initial
Social Security Number (required)	Date of Birth (Req'd)	Month	Date	Year	Female <input type="checkbox"/> Male <input type="checkbox"/>
Ethnic Origin		Race			
Hispanic or Latino <input type="checkbox"/>	Non-Hispanic or Non-Latino <input type="checkbox"/>	American Indian/ Alaskan Native <input type="checkbox"/>		Native Hawaiian or other Pacific Islander <input type="checkbox"/>	
		Asian <input type="checkbox"/>	Black <input type="checkbox"/>	White <input type="checkbox"/>	

Please indicate how you learned about this job:

Media	Job Posting	Organizations	Other
Louisville Works.com <input type="checkbox"/>	Internal <input type="checkbox"/>	High school <input type="checkbox"/>	I'm a Rauch employee <input type="checkbox"/>
Local Newspaper Which one? _____ <input type="checkbox"/>	Indiana Career Connect <input type="checkbox"/>	Vocational/Trade School Which one? _____ <input type="checkbox"/>	Referred by a Rauch employee <input type="checkbox"/>
Radio Which station? _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	College Which one? _____ <input type="checkbox"/>	Walk-in <input type="checkbox"/>
Television Which station? _____ <input type="checkbox"/>		Minority referral source Which one? _____ <input type="checkbox"/>	Job Fair: _____ <input type="checkbox"/>
Agency Web site <input type="checkbox"/>		Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Other: _____ <input type="checkbox"/>			

		Required documents	Received	Needs renewal
Open Competitive	OP <input type="checkbox"/>	Signed Application	<input type="checkbox"/>	First Aid <input type="checkbox"/>
Promotional	PR <input type="checkbox"/>	Driver License	<input type="checkbox"/>	CPR <input type="checkbox"/>
Reemployment	RE <input type="checkbox"/>	Auto insurance	<input type="checkbox"/>	
Transfer	TR <input type="checkbox"/>	Diploma/Degree	<input type="checkbox"/>	
		Auto Registration	<input type="checkbox"/>	
		Reference Checks completed	<input type="checkbox"/>	
		Criminal Background Check	<input type="checkbox"/>	
		Motor Vehicle Check	<input type="checkbox"/>	
		Nurse's Aid Registry	<input type="checkbox"/>	
Notes:				
HR Signature: _____				