

CJCC | **CRIMINAL JUSTICE
COORDINATING COUNCIL**
Application for Employment

Please Print

Position applying for: _____

Personal Information

Full name: _____

Address: _____

Home phone number: _____ Alternate phone number: _____

Social Security number: _____ E-mail address: _____

Education

Do you have a high school diploma? Yes ___ No ___ G.E.D. ? Yes ___ No ___

Name of last high school attended: _____ City/State: _____

Name of college or university: _____ City/State: _____

Number of quarter/semester hours credit: _____ Highest degree earned: _____ Major: _____

Professional License or Certificate

Title: _____ License #: _____ Expiration date: _____

Issued by: _____ Date: _____

Driver License

Do you have a valid driver license? Yes ___ No ___ State: _____ License #: _____

Employment Information

Please indicate your work experience, beginning with the most recent employment, and be specific in your description of job duties. Include volunteer work if applicable. Attach additional sheets if necessary.

Name of employer: _____

Address of employer: _____

Job title: _____

Dates worked: From _____ To _____ Hours per week: _____

Job duties: _____

Employment Information Continued

Name of employer: _____

Address of employer: _____

Job title: _____

Dates worked: From _____ To _____ Hours per week: _____

Job duties: _____

Name of employer: _____

Address of employer: _____

Job title: _____

Dates worked: From _____ To _____ Hours per week: _____

Job duties: _____

References

Please indicate two people who can be contacted regarding your work or academic performance.

Name: _____ Title: _____ Phone Number: _____

Address: _____

Name: _____ Title: _____ Phone Number: _____

Address: _____

Certification of Application

I hereby certify that all information given in this application is true to the best of my knowledge and belief. I agree and understand that any misstatement of material facts contained herein may cause forfeiture of my rights to employment with the Criminal Justice Coordinating Council.

Signature: _____ Date: _____

The following section is for Criminal Justice Coordinating Council Staff to complete.

Approved _____ Rejected _____ Date _____ Interviewer _____