

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:
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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****

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			

Major <u>Undergraduate</u> College Subjects	Credit Hours			Major <u>Graduate</u> College Subjects	Credit Hours		
	Semester	OR	Quarter		Semester	OR	Quarter

RELATED LICENSES

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

Have you ever had sanctions or adverse actions filed against you by MediCare or Medicaid or any other federal or state agency or program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SKILLS

Please list any specific skills you have that would help you with the job responsibilities in which you are applying for:

