



Department of Defense Education Activity  
**Professional Technical Studies**  
**Job Application / Personnel Record**

<b>Personnel Record</b> Print in ink or type all entries. If additional space is required, use a separate sheet.	<b>STUDENT'S NAME</b>		(Last Name, First, MI)			
			e-mail:			
	<b>STUDENT NUMBER</b>		<b>DATE</b>	(MO)	(DAY)	(YR)
<b>PERIOD</b>		<b>GRADE</b>		<b>COURSE TITLE</b>		
<b>TEAM #</b>		<input type="checkbox"/> Member <input type="checkbox"/> Leader		<b>WORK STATION</b>	<b>BUS #</b>	
<b>BOOK #</b>		<b>DEROS</b>	(MONTH) (DAY) (YEAR)	<b>BIRTH DATE</b>	(MONTH) (DAY) (YEAR)	
<b>SPONSOR INFORMATION</b>	(LAST, FIRST)			<b>APO ADDRESS</b>	<b>Unit Name:</b>	
	<b>Name:</b>				<b>Unit Mailing # :</b>	
	<b>Unit Name:</b>				<b>P.O. Box:</b>	
	<b>Duty Phone:</b>				<b>APO #:</b>	
	<b>Home Phone:</b>				<b>Local Street and House Number</b>	
<b>e-mail:</b>			<b>HOME ADDRESS</b>	<b>Local Postal Code and City Name</b>		
<b>CLASS SCHEDULE</b>						
<b>P</b>	<b>COURSE TITLE</b>	<b>TEACHER</b>		<b>RM</b>	<b>FOR PERSONNEL OFFICE USE ONLY</b>  <b>REMARKS:</b>	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

<b>SKILLS AND EDUCATION</b>		Starting with the most recent course work completed, please list the Middle and High School courses in which you received a "B" grade or better.	
Subject	Course Title	Subject	Course Title
Math	1.	Computer	1.
	2.		2.
	3.		3.
	4.	Technology Education	1.
	5.		2.
Science	1.		3.
	2.		4.
	3.	Vocational Education	1.
	4.		2.
	5.		3.
Keyboarding WPM		Program Language	
Other Special Training and Skills (Computer, Software, Equipment, On The Job Training, Etc.)			
<b>EMPLOYMENT HISTORY</b>		Starting with your present or last employer, list in reverse order the most recent positions you've held. Be sure to included summer hire, staff assistant, Cooperative Work Experience, and household chores.	
Employer:		Position Held and Description of Duties	
Reason for Leaving:		From:	To:
Employer:		Position Held and Description of Duties	
Reason for Leaving:		From:	To:
Employer:		Position Held and Description of Duties	
Reason for Leaving:		From:	To:
<b>PERSONAL INFORMATION</b>		Yes / No	Do you have normal color vision?
<i>I verify that the information contained on this form is true to the best of my knowledge.</i>		Yes / No	Do you have any limitations that need to be addressed to make you a successful participant in this class?
Student Signature		Yes / No	Do you participate in extracurricular activities?
		What are your hobbies and pastimes?	