



Department of Defense Education Activity

Computer Service and Support

Job Application / Personnel Record

Personnel Record Print in ink or type all entries. If additional space is required, use a separate sheet.	STUDENT'S NAME		(Last Name, First, MI)			
			e-mail:			
	STUDENT NUMBER			DATE	(MO) (DAY) (YR)	
PERIOD		GRADE		COURSE TITLE		
TEAM #	<input type="checkbox"/> Member <input type="checkbox"/> Leader		WORK STATION		BUS #	
BOOK #		DEROS	(MONTH) (DAY) (YEAR)	BIRTH DATE	(MONTH) (DAY) (YEAR)	
SPONSOR INFORMATION	(LAST, FIRST)			APO ADDRESS	Unit Name:	
	Name:				Unit Mailing # :	
	Unit Name:				P.O. Box:	
	Duty Phone:				AP0 #:	
	Home Phone:				Local Street and House Number	
e-mail:			HOME ADDRESS	Local Postal Code and City Name		
CLASS SCHEDULE						
P	COURSE TITLE	TEACHER		RM	FOR PERSONNEL OFFICE USE ONLY REMARKS:	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

SKILLS AND EDUCATION		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.)			
EMPLOYMENT HISTORY		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:
PERSONAL INFORMATION		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?	