



APPLICANT WORKSHEET

Fairfax County Public Schools
Department of Human Resources

An Equal Opportunity Employer



Use this worksheet to gather your information prior to entering it into CareerQuest.

GENERAL INFORMATION (Please print)

E-mail address (if applicable):		Last 4 digits of Social Security Number:	
First Name:	Middle Initial:	Last Name:	
Permanent Street Address:			
City:	State:	Zip:	
Telephone Numbers	Home or Cell:	Work or Other:	

WORK EXPERIENCE (Begin with your current or most recent employment and work history.)

Current or Last Employer:	
Job Title:	
Start Date (month/year):	End Date (month/year):
Description of Duties Include Supervisor's Name, Title, and Phone Number Reason for Leaving	
Employer #2:	
Job Title:	
Start Date (month/year):	End Date (month/year):
Description of Duties Include Supervisor's Name, Title, and Phone Number Reason for Leaving	

Employer #3:	
Job Title:	
Start Date (month/year):	End Date (month/year):
Description of Duties Include Supervisor's Name, Title, and Phone Number Reason for Leaving	

Employer #4:	
Job Title:	
Start Date (month/year):	End Date (month/year):
Description of Duties Include Supervisor's Name, Title, and Phone Number Reason for Leaving	

EDUCATION

Name of High School attended:	
Type of degree(s), if any:	
Major:	Completion Date:
Name of College/University/Other School attended:	
Type of degree(s), if any:	
Major:	Completion Date:
Name of College/University/Other School attended:	
Type of degree(s), if any:	
Major:	Completion Date:

SKILLS

Provide additional skills or experiences applicable to the job(s) for which you are applying.

Workforce Diversity (OPTIONAL)

Fairfax County Public Schools has adopted a workforce diversity program to ensure equal employment opportunity. We are asking you to help us measure the program's effectiveness by answering the following optional questions. This information is voluntary and will be used for statistical purposes only. It will not be used in the selection and screening process.

Please indicate your date of birth.

Month

Day

Year

For example, December 5, 1967

Please indicate your gender.

 Male Female

Please indicate your race.

 White Hispanic Asian or Pacific Islander Black American Indian or Alaskan Native Multi-racial

An individual with a disability is defined by the Americans with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities and is not a temporary condition.

Please indicate whether or not you have a disability as defined by the ADA.

 Yes No