4. EDUCATION (Continued)							
NAME UNIVERSITY, COLLEGE, OR BUSINESS SCHOOL AND ADDRESS		MAJOR SUBJECT	NO. YEARS COMPLETED	NO. UNITS COMPLETED	DIPLOMA, DEGREE, OR CERTIFICATE	DATE COMPLETED	
5. REFERENCES							
List names of three persons who can give information about your background, character, abilities, etc.							
NAME	ADDRESS			TELEPHONE NUMBER	RELATIONS (FRIEND, EN	RELATIONSHIP TO YOU (FRIEND, EMPLOYER, ETC.)	
6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS							
A. List Licenses or Certificates of Competence held:							
B. Names of Professional Associations of which you are a member:							
NOTES:							
I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.							
SIGNATURE OF EMPLOYEE					DATE		