



Michigan Talent Bank

WORK SHEET



Please complete this form for registration with the MTB. Your name, contact, and other identifying information will be displayed to employers interested in contacting you for further information and a possible job interview. By completing this form you are giving your permission to have your resume listed in the MTB Internet system.

<http://www.michworks.org>

ALTHOUGH YOUR RESUME WILL REMAIN ACTIVE FOR 1 YEAR, FOR BEST RESULTS IT SHOULD BE UPDATED EVERY 30-60 DAYS DURING THIS PERIOD BY ACCESSING THE WEB SITE ABOVE.

For additional forms or more information, call Toll-Free
1-88TALENT-55 (888-253-6855)
1-888-605-6722 (TTY)

TIPS ON COMPLETING THIS FORM (Please PRINT or TYPE)

- You **must create a User ID and PIN** for yourself. Create a 4-8 character alphanumeric User ID and a 4 number PIN.
- You **must keep a record of your User ID and PIN** to access, revise or inactivate your resume in the future.
- Please be as complete and accurate as possible in preparing your resume application. Inaccurate or missing information could place your resume at a disadvantage.

Please PRINT or TYPE

Personal Information

Last Name _____

First Name _____

Address _____

City _____ State ____ Zip Code _____

Primary Phone (____) _____

Fax No. (____) _____

Are you a U.S. military veteran or eligible spouse of a veteran? Yes No If yes, complete back of this form.

User ID _____ **Between 4-8 letters & numbers** (must be a Combination of both).

PIN _____ **Must be 4 numbers** (Do not use the same sequence of numbers in your PIN and User ID).

Alternate Phone (____) _____

Email _____

Objective Explain the position you desire using words that describe your specific skills (maximum 75 words):

— FOR OFFICE USE ONLY —

Employment History (maximum of 3 positions, use additional blank sheets if needed):

Employer _____ City _____ State _____

Title _____ Dates Employed _____ mm/yy to _____ mm/yy

Enter Job Duties: _____

(Over — Continue to Complete Application)

Employment History (continued):

Employer _____ City _____ State _____
Title _____ Dates Employed _____ to _____
mm/yy mm/yy

Enter Job Duties: _____

Employer _____
City _____
State _____
Title _____ Dates Employed _____ to _____
mm/yy mm/yy

Enter Job Duties: _____

Education

Type of Diploma/Degree: _____ Type of Diploma/Degree: _____
Course of Study: _____ Course of Study: _____
School Name: _____ School Name: _____
State: _____ State: _____
Did you graduate: _____ Did you graduate: _____

Skills and Abilities (such as computer skills) _____

Honors and Activities (such as volunteer work) _____

Licenses **(NOT DRIVERS) or Certificates:** [Include the state(s) where your license is valid] _____

Notes/Other Information (such as willing to relocate)

Salary **(Optional):** Desired Pay: _____ per: Hour/Year

Note: The salary information will not be shown to any employer. However, it may be used as part of an employer's search criteria. For example: if desired wage is less than or equal to the employer's wages, your record will be a match.



Indicate below your desired work location by city or zip code and the miles you are willing to commute to that location.

There are over 1,500 Michigan cities to select from, The map indicates some of the largest cities.

I am available to work within

- Place a check mark in **one** box
- 10 miles of
 - 25 miles of
 - 35 miles of
 - 50 miles of
 - 75 miles of
 - 100 miles of

_____ **OR** _____

city zip code

(Fill in city name **OR** zip code above)

Job Title(s)

You must enter at least 1 specific job title (but no more than 3) that describes the job you are seeking:

- 1) _____
- 2) _____
- 3) _____

If eligible Veteran, complete back page

Veteran Supplemental Work Sheet

Note: If you served in either the National Guard or the Reserves, you are entitled to Veteran status only if you received a campaign badge or a ribbon as a result of service.)

In order to receive the full range of priority services that will be provided to veterans, please complete the following information. This information will only be used to determine eligibility for special services and will not be made available to prospective employers.

- 1) Branch of Service: _____
- 2) Dates of Military Service: (mm/dd/yy) First Entry Date ____ ____ ____ Last Exit Date ____ ____ ____
- 3) Were you discharged under other than dishonorable conditions? (Select "No" only if your discharge was dishonorable.)
Yes _____ No _____
- 4) Did you receive a campaign badge or ribbon while in the Reserves or National Guard?
Yes _____ No _____
- 5) Were you discharged or released from active duty because of a service-connected disability?
Yes _____ No _____
- 6) Are you a homeless veteran?
Yes _____ No _____
- 7) Do you wish to claim Disabled Veterans' preference? If so, what percentage disability ____%
Yes _____ No _____
- 8) If the percentage is less than 30%, does the disability present a serious employment handicap as determined by the Veteran's Administration?
Yes _____ No _____
- 9) Are you nearing your separation from the U.S. Military?
Yes _____ No _____
- 10) Are you nearing separation and have completed a previous enlistment?
Yes _____ No _____
- 11) Current enlistment contract expected exit date (mm/dd/yy) ____ ____ ____
- 12) Type of Military separation (check one) ___ Anticipate leaving active military service within the next 12 months.
___ Anticipate retiring from military service within the next 24 months.

Spouse of Veteran Supplemental Work Sheet

(Please complete along with Work Sheet)

In order to receive the full range of priority services that will be provided to qualifying spouses of veterans, please supply the following information. All items are required for proper completion of this form.

- 1) Are you the spouse of a 100% disabled veteran (service connected), a veteran who died of a service-connected disability, a POW or MIA?
Yes _____ No _____
- 2) Spouse's Branch of Service _____
- 3) Spouse's Dates of Military Service First Entry Date: _____ (mm/dd/yy)
Last Exit Date: _____ (mm/dd/yy)