

FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1			
2			
3			

GENERAL

Subjects of special study or research work

U.S. Military or Naval Service

Rank

Present membership in Nat. Guard or Reserves

In case of emergency notify:

Name

Address

Phone No.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date

Signature

FOR DEPARTMENT OF PUBLIC WORKS DEPARTMENT APPLICANTS AND POLICE DEPARTMENT APPLICANTS: AND FIRE DEPARTMENT APPLICANTS

Do you have a Valid Drivers License? Yes _____ No _____

Drivers License Number _____