

EMPLOYMENT RECORD

Begin with your present or most recent position. List both paid and volunteer work. **Do not indicate "See Resume."**

If more space is needed, use a separate sheet prepared in the same format and attach securely.

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|----------------|-----------------------|--------------------|
| From: | Job Title: | Firm Name: |
| To: | Describe your Duties: | Address: |
| Mo. Salary | | |
| | | Phone Number: |
| Hrs. Per Week: | | Supervisor's Name: |
| | Reason for Leaving: | |
| From: | Job Title: | Firm Name: |
| To: | Describe your Duties: | Address: |
| Mo. Salary | | |
| | | Phone Number: |
| Hrs. Per Week: | | Supervisor's Name: |
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| Mo. Salary | | |
| | | Phone Number: |
| Hrs. Per Week: | | Supervisor's Name: |
| | Reason for Leaving: | |

May we contact your present employer? YES NO

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY AUTHORIZE EMPLOYERS, SCHOOLS, OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE CITY FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACT ON THIS APPLICATION WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO BE CONSIDERED FOR EMPLOYMENT WITH THE CITY AND MAY BE CAUSE FOR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AGREE TO BE FINGERPRINTED; TO SUBMIT TO A JOB-RELATED MEDICAL EXAMINATION, INCLUDING DRUG SCREENING, AND FURNISH SUCH PROOF OF MEETING THE CONDITIONS OF EMPLOYMENT AS MAY BE REQUIRED. *(If application is submitted online or by Fax, we will require an original signature at the time of exam.)*

Signature of Applicant

Date