

EMPLOYMENT EXPERIENCE (Please list most recent position first.)

Employer	Dates Employed - Month/Yr From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed - Month/Yr From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed - Month/Yr From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed - Month/Yr From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			May we contact this employer? ____ Yes ____ No

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Typing	<input type="checkbox"/> Dictation Equipment	Other (list): _____ _____ _____
<input type="checkbox"/> E-Mail	<input type="checkbox"/> MS Word	W.P.M. _____	<input type="checkbox"/> Cash Register	
<input type="checkbox"/> Database	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Copier	
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Ten Key	W.P.M. _____	<input type="checkbox"/> Calculator	

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the City's Personnel Department can extend a valid offer of employment.

Signature of Applicant

Date