Name: _____ Page # _____

ADDITIONAL EMPLOYMENT HISTORY:

Please list most recent employment first. Resumes will not be accepted in place of a completed application form. Respond completely to all information in this section. List all experience, including volunteer and military. Use as many additional pages as you need to submit a complete history.

BUSINESS OR AGENCY NAME AND ADDRESS:	DATES EMPLOYED:	JOB TITLE: / NUMBER OF PERSONS SUPERVISED
PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO REASON FOR LEAVING:	FROM: TO: TOTAL: / YRS/MO HOURS: PER WEEK FINAL SALARY: $ HOURLY MONTHLY	DUTIES:
BUSINESS OR AGENCY NAME AND ADDRESS: PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO REASON FOR LEAVING:	DATES EMPLOYED: FROM: TO: TOTAL: / YRS/MO HOURS: PER WEEK FINAL SALARY: $ HOURLY MONTHLY	JOB TITLE: / NUMBER OF PERSONS SUPERVISED DUTIES:
BUSINESS OR AGENCY NAME AND ADDRESS: PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO REASON FOR LEAVING:	DATES EMPLOYED: FROM: TO: TOTAL: / YRS/MO HOURS: PER WEEK FINAL SALARY: $ HOURLY MONTHLY	JOB TITLE: / NUMBER OF PERSONS SUPERVISED DUTIES:
BUSINESS OR AGENCY NAME AND ADDRESS: PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO REASON FOR LEAVING:	DATES EMPLOYED: FROM: TO: TOTAL: / YRS/MO HOURS: PER WEEK FINAL SALARY: $ HOURLY MONTHLY	JOB TITLE: / NUMBER OF PERSONS SUPERVISED DUTIES:
BUSINESS OR AGENCY NAME AND ADDRESS: PHONE: SUPERVISOR'S NAME: MAY WE CONTACT THIS EMPLOYER? YES NO REASON FOR LEAVING:	DATES EMPLOYED: FROM: TO: TOTAL: / YRS/MO HOURS: PER WEEK FINAL SALARY: $ HOURLY MONTHLY	JOB TITLE: / NUMBER OF PERSONS SUPERVISED DUTIES:

AGREEMENT: I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. If required, I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting the City's physical requirements. I also 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, if requested, agree to be fingerprinted. I further agree to furnish proof of citizenship or right to work.

Signature _____ Date _____