

PREVIOUS EMPLOYMENT

List below the positions you have held starting with your present or most recent employment. Under "Specific Duties" emphasize specific tasks including type of work and supervisory, technical, or other responsibilities. Complete each section with as much information as possible.

Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc.

DO NOT indicate "SEE RESUME", a resume may be attached to provide additional information or more detailed information, but will not be accepted in lieu of completing this application.

1. Present or last employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? ____ Yes ____ No
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____ Reason for leaving: _____
2. Present or last employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? ____ Yes ____ No
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____ Reason for leaving: _____
3. Present or last employer	Telephone
Address - Street, City, State, Zip Code	Employed (mm/yyyy) From _____ To _____
Name and Title of Supervisor/Reference	May we contact this employer? ____ Yes ____ No
State job title and give a brief description of duties	Hourly or annual salary Start _____ Last _____ Reason for leaving: _____

Do you possess a valid Driver's License? ____ Yes ____ No
 If yes, check the type you have: ____ Operators ____ Commercial ____ Chauffer's
 Driver's license _____ State _____ Date expires _____

EDUCATION

High School last grade completed: _____	Did you graduate from high school ____ Yes ____ No
High School name: _____	Dates (mm/yyyy) of Attendance: From ____ To ____
Location (City, State) _____	High school equivalency certif. (GED) ____ Yes ____ No
	If yes, please submit documented proof.

VOCATIONAL TRAINING (Business, trades, technical, and Military Service)

Name and Location	From Month/Year	To Month/Year	Number of hours Attended per Week	Subjects studied
Name				
Location				
Name				
Location				
Name				
Location				

UNIVERSITY and COLLEGE (Undergraduate, Graduate, Doctorate)

Name and Location	From Month/Year	To Month/Year	Number of hours Attended per Week	Subjects studied
Name				
Location				
Name				
Location				
Name				
Location				

Did you graduate? _____ Yes _____ No Degree received _____ Date received _____

If your employment and educational records are under any other name, provide name: _____

PERSONAL REFERENCES

Full Name	Address	City/State/Zip Code	Work Phone	Home Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and correct to the best of my knowledge. They are made voluntarily upon application of employment, and as inducement, therefore, I understand that any false statement or information given herein shall be considered sufficient cause for dismissal.

I, the undersigned, do hereby authorize the City of Strafford to conduct an investigation with respect to my application and release the City, my former employers, and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any examining doctors, hospitals (public, private, state, and including the United States Veterans Admin.), may give the City of Strafford any information or data as the result of any examinations made.

I agree to hold the City harmless and in no event shall the City be liable for me for special, indirect, or consequential damages, for the refusal of employment due to information obtained during my background security check.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand and agree that the City of Strafford is under no obligation to reveal to me or any other person the reason for my rejection for employment. I understand that I must physically reapply for employment if I wish to be considered for any other position open at the City of Strafford.

I understand and agree with the City's drug free workplace and that my employment with the City is contingent upon the drug testing results.

I understand it is my responsibility to ensure my application and any other documents are received by the City of Strafford.

I understand that checking this box constitutes my legal signature confirming that I acknowledge and agree to the stated terms.

Date _____
mm/dd/yyyy

Signature of Applicant: _____