



**Work Experience**

Begin with present or most recent experience and account for all time during the past 10 years. Start with present employment. Use additional sheets if necessary.

May we contact your present employer?  Please do  Please don't  Do not mind

Employer's Name:	Telephone:	Job Title:
Address	Salary:	Description of Duties:
City State Zip	Hours per Week:	
From To	Immediate Supervisor:	
Reason for Leaving:		

Employer's Name	Telephone:	Job Title:
Address	Salary:	Description of Duties:
City State Zip	Hours per Week:	
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This is to inform you that as part of our procedure for processing your application, an investigative background report may be made through a personal interview with you and/or any third parties who may have information concerning you and/or a record search.  
All offers of employers are made subject to the successful passing of an investigative background report .

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of the fatality of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named above to give any information regarding my employment, or my physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for issuing this information.  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_