

EMPLOYMENT APPLICATION page 2 of 2

Name: _____
Last First MI

EMPLOYMENT HISTORY *Listing the most recent first, complete your employment record for at least the past ten (10) years. Use additional paper if needed.*

Employer 1: _____
Address: _____ City/State: _____
Supervisor: _____
Phone: _____
Employed from: _____ to _____ Final Salary: _____
Reason for Leaving: _____

Employer 2: _____
Address: _____ City/State: _____
Supervisor: _____
Phone: _____
Employed from: _____ to _____ Final Salary: _____
Reason for Leaving: _____

Briefly Explain Duties: _____

Briefly Explain Duties: _____

Employer 3: _____
Address: _____ City/State: _____
Supervisor: _____
Phone: _____
Employed from: _____ to _____ Final Salary: _____
Reason for Leaving: _____

Employer 4: _____
Address: _____ City/State: _____
Supervisor: _____
Phone: _____
Employed from: _____ to _____ Final Salary: _____
Reason for Leaving: _____

Briefly Explain Duties: _____

Briefly Explain Duties: _____

REFERENCES

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

Unless otherwise defined by applicable law, any employment relationship with the City of Neodesha 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. All applicants for any position with the City shall meet the minimum qualifications established for that position. A medical examination and drug screening will be required only after an offer of employment has been made. A driver's license and background check will be performed on each applicant being considered for a position. The offer of employment is contingent upon the applicant passing the required tests and checks. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Neodesha.

Signature of Applicant: _____ Date: _____