

WORK EXPERIENCE Please list all employment, most recent position first(complete all blanks)

1. _____
Company Name _____ Address _____ Telephone _____
From _____ To _____ Title _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Briefly describe your job duties _____

2. _____
Company Name _____ Address _____ Telephone _____
From _____ To _____ Title _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Briefly describe your job duties _____

3. _____
Company Name _____ Address _____ Telephone _____
From _____ To _____ Title _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Briefly describe your job duties _____

Please account for any time that you were unemployed. Additional paper may be used if needed.

May we contact your present employer? _____

May we contact other employers listed? _____

PERSONAL REFERENCES Please list three personal references who are not relatives or employers.

1. _____
Name Occupation Telephone Years Known

2. _____
Name Occupation Telephone Years Known

3. _____
Name Occupation Telephone Years Known

My signature indicates that I have read the Equal Employment Opportunity statement above and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in rejection of my application or dismissal of employment if hired.

Signature of Applicant

Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of the City of Fairway, KS, bearing this release, or copy thereof, within one year of its date to obtain any information in your files pertaining to my employment, military, credit, or educational records, including but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Fairway, KS. Consent is granted for the City of Fairway, KS to furnish such information as is described above, to third parties in the course of fulfilling its official responsible. I hereby release you as the custodian of such records and any school, college, university, or other educational institution, hospital, or other repository of medical records credit bureau, lending institution, consumer reporting agency or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name Signature

Full Name Typed or Printed

Date

Current Address

Telephone Number

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____ by _____.
Date Name of Person

Notary Signature

My appointment expires: _____