

Work Experience: *Start with your most recent experience and add pages if needed!*

Employer's Name: _____ From _____ To _____
Month/Year Month/Year

Address: _____ Supervisor _____

Phone: (_____) _____ Hours worked per week _____ Last Salary _____

Position: _____ May we contact this employer now? yes no

Primary Duties: _____

Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year

Address: _____ Supervisor _____

Phone: (_____) _____ Hours worked per week _____ Last Salary _____

Position: _____ May we contact this employer now? yes no

Primary Duties: _____

Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year

Address: _____ Supervisor _____

Phone: (_____) _____ Hours worked per week _____ Last Salary _____

Position: _____ May we contact this employer now? yes no

Primary Duties: _____

Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year

Address: _____ Supervisor _____

Phone: (_____) _____ Hours worked per week _____ Last Salary _____

Position: _____ May we contact this employer now? yes no

Primary Duties: _____

Reason for Leaving: _____

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

I authorize all previous employers to furnish the Town of Steilacoom with my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Town of Steilacoom from all liability or any damage whatsoever arising therefrom. (Failure to sign does not bar consideration for employment.)

Signature Date

Signature Date