

Specific Skills

Employment history, including military service

(Start with your PRESENT or most recent position, then the next to the last, etc., so that NO time is omitted. Indicate full and part time work)

Military Service Record Armed Forces Service Yes No From _____ To _____

Branch of Service _____ Duties _____

Do you have any physical limitations that prohibit you from performing any work for which you are being considered? Yes No
 If yes, please briefly describe _____

DATES				NAME & ADDRESS OF COMPANY	JOB TITLE, DUTIES & NUMBER OF PEOPLE SUPERVISED, IF ANY	SALARY	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM		TO						
MO	YR	MO	YR					
						Start		
						Final		
						Start		
						Final		
						Start		
						Final		
						Start		
						Final		

May we contact the above employers? Yes No _____

Are there any other experiences, skills or qualifications which you feel would be relevant for work with our organization?

It is my understanding that the City will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers. I understand that an inquiry may be made into my Motor Vehicle Record. In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted employment, I agree to conform to the rules and regulations of the City of Lake Park. I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of the City or myself.

I acknowledge the confidential nature of business conducted by the City and I agree, if employed, not to communicate to any outside person, any information concerning City business or customers of the City.

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position with the City after this application expires, it will be my responsibility to fill out a new application and file it with the City. Otherwise, the City will not consider me for employment after this application expires.

The information on this and all employment forms is true and accurate to the best of my knowledge. In the event of employment, any falsification or misstatement of facts may be cause for dismissal.

SIGNATURE

DATE