





## EMPLOYMENT HISTORY

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Start with your present or last job and include at least your last five years of work records. Please fill out this section carefully and completely, as you are only given credit for jobs you list and the dates you include. Please attach an additional sheet if you need more space. Include military experience and describe any major duty assignments. Include periods of self-employment. Give details of supervisory positions you may have had.

<b>If you are currently employed, may we contact your present employer?    YES            NO    (circle one)</b>
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Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from: (mo/yr) \_\_\_\_\_ To: (mo/yr) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

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Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Employed from: (mo/yr) \_\_\_\_\_ To: (mo/yr) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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What date would you be available to begin work? \_\_\_\_\_

**NOTE: All applicants will be required to pass a pre-employment drug and alcohol screen and physical evaluation after being offered a position and beginning as an employee of the City of Ely.**

I attest that all statements on this application are true and correct. I understand that intentionally false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Ely and my previous employers (with the exception of \_\_\_\_\_) to conduct or participate in an investigate of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Reviewed by: \_\_\_\_\_ Position considered for / Referral to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_