

EMPLOYMENT RECORD

MOST RECENT POSITION FIRST

(use additional paper if necessary)

<ol style="list-style-type: none"> Dates of employment Salary per month Full-time or part-time employment 	<ol style="list-style-type: none"> Name and address of employer (number, street, city, state) Reason for leaving 	<p>List each promotion as a separate position.</p> <ol style="list-style-type: none"> Title of your position Supervisor's name Describe your duties: indicate responsibility, size of operation, supervision, if any
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____
<ol style="list-style-type: none"> From _____ To _____ Mo. Yr. Mo. Yr. \$ _____ \$ _____ MINIMUM MAXIMUM _____ 	<ol style="list-style-type: none"> 1. _____ NAME OF EMPLOYER _____ NUMBER STREET _____ CITY STATE 2. _____ 	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____

REFERENCES WITH KNOWLEDGE OF YOUR EXPERIENCE AND ABILITY

<ol style="list-style-type: none"> 1. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 1. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 1. _____ HOME PHONE _____ WORK PHONE
<ol style="list-style-type: none"> 2. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 2. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 2. _____ HOME PHONE _____ WORK PHONE
<ol style="list-style-type: none"> 3. _____ NAME _____ OCCUPATION 	<ol style="list-style-type: none"> 3. _____ STREET _____ CITY, STATE, ZIP 	<ol style="list-style-type: none"> 3. _____ HOME PHONE _____ WORK PHONE

AUTHORIZATION FOR RELEASE OF INFORMATION

As part of the CITY OF WATERTOWN volunteer opportunity process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization. The undersigned hereby knowingly and voluntarily authorizes the state department of social services, the Watertown police department and the City of Watertown personnel, to obtain and /or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing applicable, or criminal history of the undersigned applicant for consideration for a volunteer opportunity with the Watertown Police Department. The undersigned further verifies that all information provided on this application including all attachments, documents or certifications submitted herewith are true and correct to the best of my knowledge and belief. The undersigned further knowingly and voluntarily acknowledges that should any investigation authorized hereunder disclose otherwise, my application will be rejected and for five (5) years from the date of submission of this application.

Date _____

Signature _____