



**Reference**

List people, not relatives or former employers, who have personal knowledge of your character, experience, and capabilities:

Name/Occupation	Address	Phone No.	Relationship

**Experience:**

Please provide information covering your complete employment experience, including time spent in military service, if any. Be accurate and account for all of your time. Use the Comments area at the end of this section on Experience to account for any gaps in your employment.

Name and Address of Company:	From		To		Starting Salary	Last Salary	Reason For Leaving	Supervisor
Phone:	In detail, describe the work you did: _____							

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Phone:	In detail, describe the work you did: _____							

Comments on your work experience \_\_\_\_\_

I hereby give you permission to contact the employers listed above for any relevant information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If there is(are) any employer(s) listed above you do not wish us to contact, please indicate. \_\_\_\_\_

What types of machines and equipment can you operate \_\_\_\_\_

Please give any other information on your experience or abilities which you believe would assist us in evaluating your qualifications: \_\_\_\_\_

Please read this over carefully and sign your application below.

The answers to the questions contained in this application are true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant permission to the employer to investigate my references, and I authorize my references to provide any information to the County which they deem appropriate. I authorize the County to make an investigative consumer report which may contain information obtained through personal interviews with my friends, neighbors, and acquaintances. If made, this inquiry may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I will have the right to make a written request concerning the nature and scope of any such investigative inquiry.

In consideration for my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the County or myself. Further, I understand that this agreement can only be modified by the County Executive, in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_