

PRIOR WORK HISTORY (List in order, present employer first)

| Dates | | Name & Address of Employer | Rate of Pay | | Supervisor's Name & Title | Phone Number |
|-------|----|----------------------------|-------------|--------|---------------------------|--------------|
| From | To | | Start | Finish | | |
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Briefly describe what you did: include job title:

Reason for Leaving

| Dates | | Name & Address of Employer | Rate of Pay | | Supervisor's Name & Title | Phone Number |
|-------|----|----------------------------|-------------|--------|---------------------------|--------------|
| From | To | | Start | Finish | | |
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|-------|----|----------------------------|-------------|--------|---------------------------|--------------|
| From | To | | Start | Finish | | |
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Briefly describe what you did: include job title:

Reason for Leaving

Other experience(s) Skills you would like to mention: _____

At Least two(2) Personal References:

Name: _____ Phone#: _____

Address: _____ Years Known: _____

Name: _____ Phone#: _____

Address: _____ Years Known: _____

In case of emergency notify: _____

Phone Numbers: _____

Address: _____

Relationship: _____

Print Name _____ S.S. # _____

I AGREE AND UNDERSTAND THAT ALL THE STATEMENTS AND INFORMATION ON MY APPLICATION ARE CORRECT AND NO ATTEMPT HAS BEEN MADE TO CONCEAL OR WITHHOLD PERTINENT INFORMATION. I AGREE THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION IS CAUSE FOR IMMEDIATE TERMINATION AT ANY TIME DURING MY EMPLOYMENT.

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS AT THIS TIME WITH NO LIABILITY ARISING THERE FROM _____
(SIGNATURE)

I WILL ABIDE BY ALL RULES, REGULATIONS, AND POLICIES OF THE BOROUGH OF LAVALLETTE.

AT THE OPTION OF THE BOROUGH OF LAVALLETTE, I AGREE TO PHYSICAL EXAMINATION BY A PHYSICIAN CHOSEN BY THE BOROUGH OF LAVALLETTE WITH THE UNDERSTANDING THAT MY EMPLOYMENT DEPENDS UPON MY PASSING THE PHYSICAL.

I UNDERSTAND THAT A 90 DAY WORKING PROBATIONARY PERIOD WILL BE IN EFFECT IN THE EVENT EMPLOYMENT IS OFFERED.

DATE ____ / ____ / ____ SIGNATURE _____