

If applicable to the position, list office equipment business machines, and/or other relevant equipment you can operate:

Previous Experience

List present or most recent position first, then next recent, etc. (Include all part-time jobs and military experience.)

Employer's Name City of Marshfield		Dates	
		From	To
Address	Street	City	State ZIP Code
Job Title		Supervisor's name and title	
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving Position			

Employer's Name		Phone Number	
		()	
Address	Street	City	State ZIP Code
Job Title		Salary	
Dates		Supervisor's Name and Title	
From	To		
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving:			

Employer's Name		Phone Number	
		()	
Address	Street	City	State ZIP Code
Job Title		Salary	

Dates From _____ To _____	Supervisor's Name and Title
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)	
Reason for Leaving:	

List other employment not shown above:

FROM DATE	TO DATE	NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY	REASON FOR LEAVING

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any false assertions, misleading statements, omissions or incorrect information provided on this application or information provided by applicant during the application process shall be a sufficient basis for denial of employment or immediate termination. I agree that the City of Marshfield shall not be held liable in any respect if my employment is terminated because of false assertions, misleading statements, omission or incorrect information made by me in this application. I also understand and agree that failure to provide requested information in a timely manner shall be sufficient basis for denial of employment.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Marshfield any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the City of M

arshfield including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

_____ Date

_____ Signature