

WORK EXPERIENCE

DO NOT indicate 'See Resume.' This section must be completed even if supplemented by a resume. List all jobs in the last 10 years, including military service. Be specific in describing your duties. BE SURE TO LIST EACH CHANGE IN TITLE OR PROMOTION SEPARATELY. If qualifying experience is part-time or voluntary, list the number of hours per week spent performing the work. Give specific details on the experience that you believe meets the entrance requirements for the position for which you are applying. Go back more than 10 years if necessary. Attach additional pages if necessary. Begin with your present job and work backwards.

MAY BE CONTACT YOUR PRESENT EMPLOYER? Yes No

From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	
From: Month Year	To: Month Year	Exact Title of Position:	Hours Worked Per Week:
EMPLOYER (Name and Address)		Your Duties Included:	
SUPERVISOR (Name)		(Supervisor Title and Telephone No.)	
REASON FOR LEAVING (be specific):		Number of Employees Supervised:	

CERTIFICATION OF APPLICANT

I certify all information shown in this application is true and correct to the best of my knowledge. I understand that my employment may be contingent upon the successful completion of the background investigation/reference checks. I agree to submit to a medical examination and, upon employment, to furnish such proof of age and citizenship as may be required.

I hereby authorize all organizations and persons listed in this application including excluding my current employer to release any information requested by the City of Auburn for reference purposes. I release said organizations and persons from liability for any damage whatsoever resulting from providing such information in good faith.

I understand and agree that any misstatement or omission of material facts herein may subject me to a disqualification or dismissal.

SIGNATURE _____

DATE _____