



EMPLOYMENT CONTINUED

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES:** List three personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

In case of accident or illness please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN OF NEW BOSTON, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO DEPARTMENT HEAD HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT CONTARY TO THE FOREGOING."

I understand and agree to the information shown above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Section: \_\_\_\_\_