



**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		

Briefly describe what you did: include job title:

Reason for Leaving

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From	To		Start	Finish		

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 \_\_\_\_\_