

Previous Employment

Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information given may result in my release.

Signature _____ Date _____

****Attach resume and any other relevant materials and mail or drop off to Schuylers Co Health Department****

The Schuylers Co Health Department is an equal opportunity employer and considers application for all positions without regard to race, religion, gender, national origin, age, ancestry, sexual orientation, marital or veteran status, disability or any other legally protected status.
