

Work History

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor		Title of Supervisor
Description of Duties		Reason for Leaving

Next most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor		Title of Supervisor
Description of Duties		Reason for Leaving

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In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Greenwood? Specify office equipment, machines, computers you can operate:

Give the names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

NAME	ADDRESS/PHONE NO.	OCCUPATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Greenwood or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject, to the approval of the Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

Date of Signature: _____