

EMPLOYMENT RECORD (including military service)

Describe in detail all positions that you have held. Start with your present employment or if unemployed your most recent employment and list your employment history. If more than one position/classification has been held with a given organization, list each position/classification as a separate period of employment. Attach extra sheet if necessary.

EMPLOYER NAME AND ADDRESS	EMPLOYMENT DATES	POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	from: _____ to: _____		
	PHONE NUMBER _____		

	SUPERVISOR'S NAME _____		
			ENDING SALARY RATE
			\$ _____
EMPLOYER NAME AND ADDRESS	EMPLOYMENT DATES	POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	from: _____ to: _____		
	PHONE NUMBER _____		

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	from: _____ to: _____		
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	SUPERVISOR'S NAME _____		
			ENDING SALARY RATE
			\$ _____

REFERENCES

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

ADDITIONAL INFORMATION

Provide any other information which you believe may be pertinent to the position applied for, such as scholastic honors, volunteer work, membership in civic organizations, publications, special training not included above, special skills (typewriter, computer, calculator, fax, Microsoft Word), etc:

IN CASE OF EMERGENCY, CONTACT

NAME	ADDRESS	PHONE NUMBER

THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ VERY CAREFULLY BEFORE SIGNING

Pursuant to state and federal law, your social security number may be used for the following purposes: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

I HEREBY CERTIFY that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient ground for rejection of my application and/or removal from employment.

I HEREBY AUTHORIZE the Montgomery County Health Department to investigate, obtain and compile information concerning my employment history, and to conduct a record review of myself, including information pertaining to any report of abuse or neglect revealed by an examination of the applicable registries, and/or information related to any convictions for criminal acts.

SIGNATURE _____	DATE _____
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