

EMPLOYMENT HISTORY

Have you ever been employed with WCV before? YES NO Dates employed from / / to /
 If YES: Department _____ Supervisor _____

LIST YOUR LAST THREE (3) EMPLOYERS (including military experience) STARTING WITH THE MOST RECENT.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application or any interview will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I am employed. I further understand and agree that if I am employed, my employment is for no definite period of time, and can be terminated at any time, with or without prior notice, at the option of either the employer or myself. I understand that no representative of the employer has authority to make any agreements, representatives, or assurances to the contrary.

I authorize the employer to verify all information I have proved in this application to investigate all references, and to secure additional job-related information about me. I hereby release the employer and its representatives from all liability for seeking, obtaining, and relying upon such information, all other persons, corporations from all liability for furnishing such information.

This form has been designed to strictly comply with State and Federal Employment Practice Law prohibiting discrimination.

Signature of Applicant _____ Date / /

"I agree to submit to any lawful medical examinations, and to take any lawful fitness for duty test required by the employer, as a condition of any offer of employment I may receive, or, if I am hired, as a condition of the continued employment. I further agree that my refusal to take any such examinations or tests may be cause for separation of my employment. I hereby release the employer and all persons, corporations, or organizations conducting any such examinations or tests from all liability relating to the examination or tests."

Signature of Applicant _____ Date / /

EMERGENCY INFORMATION (TO BE FILLED IN UPON EMPLOYMENT WITH WCV).

Contact Name _____ Relationship _____ Telephone () _____
 Address _____