





**Work Experience (continued)**

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Your Job title \_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Your Job title \_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

New York State Law prohibits discrimination on the basis of age, sex, race, creed, color, national origin, disability, sexual orientation or marital status.

An Equal Opportunity Employer

I, (print name here) \_\_\_\_\_ hereby authorize the release to the Town of Ogden, any and all records that relate to my background, experience and qualifications for the position of \_\_\_\_\_ and that reflect upon my merit and fitness for public service, including but not limited to a license check, records and reports of: education, personal employment, military services, credit bureaus, local, state and federal tax bureaus, welfare and unemployment services, hospitals and institutions, medical, physical and psychological histories.

I authorize an inquiry be made of my past employer(s). \_\_\_\_\_  
(initials)

I authorize an inquiry be made of my present employer(s). \_\_\_\_\_  
(initials)

Make note if you do not want your present employer contacted, and why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature