



**EMPLOYMENT EXPERIENCE – List most recent First**

<i>Employer Name/Address/Phone:</i>	<i>Title of Position Held:</i>	<i>Dates Employed:</i>  From: _____ To: _____
<i>Supervisor:</i>	<i>Ending Salary:</i>	<i>Reason for Leaving:</i>

<i>Employer Name/Address/Phone:</i>	<i>Title of Position Held:</i>	<i>Dates Employed:</i>  From: _____ To: _____
<i>Supervisor:</i>	<i>Ending Salary:</i>	<i>Reason for Leaving:</i>

<i>Employer Name/Address/Phone:</i>	<i>Title of Position Held:</i>	<i>Dates Employed:</i>  From: _____ To: _____
<i>Supervisor:</i>	<i>Ending Salary:</i>	<i>Reason for Leaving:</i>

<i>Employer Name/Address/Phone:</i>	<i>Title of Position Held:</i>	<i>Dates Employed:</i>  From: _____ To: _____
<i>Supervisor:</i>	<i>Ending Salary:</i>	<i>Reason for Leaving:</i>

**REFERENCES – Please list persons familiar with your past work/professional experience.**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>	<b>PHONE</b>

**PLEASE READ BEFORE SIGNING:**

I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment that my employment will be "at will", and that either I or Paulding Soil & Water Conservation District may terminate the employment at any time for any reason with or without cause and with or without notice. I also understand that no individual representative of the company, other than the president, may alter this employment relationship, either verbally or in writing. I understand that I must at all times abide by the company's rules and regulations.

I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information from you.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application or at the time of any interview(s) may cause for immediate discharge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date