

EMPLOYMENT HISTORY: *Please list past and present employment beginning with your most recent. Include U.S. Military Service.*

COMPANY NAME: _____ JOB TITLE: _____
COMPANY ADDRESS: _____
NO. STREET CITY STATE ZIP CODE
SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____
PHONE NUMBER: (____) _____ - _____ STARTING WAGE: \$ _____ PER HOUR WEEK ENDING WAGE: \$ _____ PER HOUR WEEK
REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY NAME: _____ JOB TITLE: _____
COMPANY ADDRESS: _____
NO. STREET CITY STATE ZIP CODE
SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____
PHONE NUMBER: (____) _____ - _____ STARTING WAGE: \$ _____ PER HOUR WEEK ENDING WAGE: \$ _____ PER HOUR WEEK
REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY NAME: _____ JOB TITLE: _____
COMPANY ADDRESS: _____
NO. STREET CITY STATE ZIP CODE
SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____
PHONE NUMBER: (____) _____ - _____ STARTING WAGE: \$ _____ PER HOUR WEEK ENDING WAGE: \$ _____ PER HOUR WEEK
REASON FOR LEAVING: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

BRIEFLY TELL US WHY YOU WOULD BE AN ASSET TO OUR ORGANIZATION: _____

I understand that Southwest Shiawassee Emergency Services Alliance (SSES) is an at-will employer and that I, or the employer may terminate my employment at any time, for any reason. No employee of SSES is authorized to orally guarantee any just cause employment or employment for any specific period of time.

I understand this application will remain active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand, and give SSES permission to thoroughly investigate my work and personal history and verify all data given by me on this application, on related papers and resumes and during interviews.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

This application must be signed in order for the applicant to be considered for employment.

Applicant's Signature: _____

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: (1) _____ (2) _____ DATE: ____/____/____