



**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

Date Month and Year	Name and Address of Employer	Reason for Leaving	Contact Number	Position	Salary (Upon leaving)
From					
To					
From					
To					
From					
To					
From					
To					

**REFERENCES** List below three persons not related to you, whom you have known at least one year

Name	Contact Number	Positions	Years Acquainted

**AUTHORIZATION**

**“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal”.**

**I authorize investigation of all statements contained herein and the references and employers listed above to give you an and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the City of Waveland/Employees from all liability for any damage that may result from utilization of such information.**

**I also understand and agree that no representative of the City of Waveland has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing, approved by the Board of Mayor and Aldermen and signed by an authorized City of Waveland Representative.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>For Office Use Only</b>		
<b>Interview Date:</b> _____	<b>Position:</b> _____	<b>Department:</b> _____
<b>Comments:</b>		
_____		
_____		