

List any Skills, Training, License, and/or Certificates that may qualify you for the Position:

EXPERIENCE

Start with your present or last job and work back. May your present employer be contacted? Yes No

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

Starting Date: _____ Ending Date: _____ Name and Complete Address of Employer/Company: _____
Mo. Yr. Mo. Yr.

Hours Per Week: _____

Starting Salary: _____ Name, Title and Phone Number of Supervisor: _____

Ending Salary: _____

Reasons for Leaving: _____ Title of your Position: _____

Description of Duties: _____

REFERENCES

TELEPHONE NUMBER

I certify that all statements made herein are true and complete to the best of my knowledge. I authorize the verification and release of information regarding my background/character from any source contained on this application. I know that any misrepresentation herein may lead to disqualification and/or my dismissal from employment. If employed, I understand that I must satisfactorily complete the probationary period.

Date: _____

Signature: _____

EQUAL OPPORTUNITY EMPLOYER

**CITY OF BRANDON
AUTHORIZATION FOR CONSUMER REPORT**

For employment purpose, we may obtain a consumer report and/or an investigative consumer report about you.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or written five business days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services, and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name (print): _____

Social Security Number: _____

Current Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Signature & Date: _____

Witness Signature & Date: _____