

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes or No

May we contact your present employer? Yes or No

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

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MOTOR VEHICLE RECORDS RELEASE (Statement of Authorization)

Statement of Authorization: I am aware that motor vehicle reports may be obtained as part of The City of Toledo's evaluation only for my job application and/or employment. The reports may be procured By The City of Toledo or its insurance company representative(s), and may include personal information Obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for The City of Toledo's insurance program. By signing this statement, I hereby provide my authorization for The City of Toledo or its insurance company representative(s) to procure such information and reports from time-to-time, as deemed appropriate, to evaluate my insurability.

SIGNATURE FOR AUTHORIZATION: _____

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I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

Signature: _____ **Date:** _____