

WORK EXPERIENCE #2

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City Province Postal Code

Job Title _____ Phone _____

Job Description (specific duties, skills, equipment used):

Dates: From (mm/yy) / To (mm/yy) / Reason for leaving

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
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The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____