

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?

____ Yes ____ No

If yes, please explain _____

What foreign languages do you speak, read and/or write?

Fluently Good Fair

SPEAK

READ

WRITE

List professional, trade, business or civic activities and offices held (exclude groups which indicate race, color, religion, sex or national origin)

Give name, address and phone number of three references not related to you.

EMPLOYMENT HISTORY - Begin with the most recent employment

Employer	Dates From To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting/Final	
Reason For Leaving	Supervisor's Name	Telephone Number
Employer	Dates From To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting/Final	
Reason For Leaving	Supervisor's Name	Telephone Number

EDUCATION

School Name Elementary High College/University Graduate/Professional

Years Completed (circle) 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma/Degree _____

Describe Course Of Study _____

Describe Specialized Training, Apprenticeship, Skills, And Extra Curricular Activities _____

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

I CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND UNDERSTAND ANY FALSE STATEMENT MAY BE SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL IF SUCH FALSE INFORMATION DISCOVERED SUBSEQUENT TO MY EMPLOYMENT. I FURTHER UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT.

Signature _____ Date _____

ESSEX COUNTY IMPROVEMENT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER