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College / University / Graduate / Professional School						
	Name & Location of School	From Mo/Yr	To Mo/Yr	Degree	Program or Major	GPA
College or University	1.					
Graduate or Professional	2.					
	1.					

### EMPLOYMENT HISTORY

10. List your most recent employment experience first. Include all employment whether full-time, part-time, temporary, or volunteer during the past ten years. (Attach additional sheet of paper or complete section on the back of this sheet as necessary.)

Name of Employer: _____	Title of Position: _____
Address: _____ _____	Dates of Employment: From - Mo. _____ Yr. _____ To - Mo. _____ Yr. _____
Type of Employment:    Full-time    Part-time    Temporary    Internship/Volunteer	
Description of Duties and Responsibilities: _____ _____ _____	

Name of Employer: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment:  
 From - Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 To - Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Type of Employment: Full-time Part-time Temporary Internship/Volunteer

Description of Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY (CONT.)**

Name of Employer: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment:  
 From - Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
 To - Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Type of Employment: Full-time Part-time Temporary Internship/Volunteer

Description of Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

11. List three individuals whom we may contact as references. (Relatives are not acceptable.)

Name and Title	Company	Address	Work Telephone
1.			
2.			
3.			

**CERTIFICATION AND STATEMENT OF UNDERSTANDING**

I hereby certify that all the information I have provided on all sheets of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I understand

that the Municipality of Germantown may investigate the information I have furnished and I further understand that any misstatement of facts contained in this application may disqualify me for any employment, or result in my removal from employment with the Municipality.

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Signature of Applicant

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Date