

FORMER EMPLOYERS: (List below last four employers, starting with last one first)

Date Month / Year		Name & Address Of Employer	Type of Work	No. of Years	Reason for Leaving
From	To				
From	To				
From	To				
From	To				

REFERENCES

NAME	POSITION	ADDRESS & PHONE NO.
1.		
2.		
3.		
4.		

Signature

Date

FOR OFFICE USE ONLY

Results of Reference Check:

1. _____
2. _____
3. _____

Date Employed _____

Position _____

NOTE: Any false information knowingly given on this application is grounds for dismissal.

It is the policy of the Boaz City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, belief, national origin, age, or ethnic group.