

EMPLOYMENT HISTORY

List all positions chronologically, starting with your most recent employment. If you are now unemployed, indicate that fact, with dates, in the first box. Attach additional pages if necessary.

May we contact all employers listed below: _____
 If not, please attach explanation.

<u>Employer's Name</u>	<u>Position</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Duties</u>	From: _____ Month _____ Year _____
<u>Telephone</u>		To: _____ Month _____ Year _____
<u>Type of Business</u>		<u>Name of Supervisor</u>
		<u>Salary or Hourly Wage</u>

<u>Employer's Name</u>	<u>Position</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Duties</u>	From: _____ Month _____ Year _____
<u>Telephone</u>		To: _____ Month _____ Year _____
<u>Type of Business</u>		<u>Name of Supervisor</u>
		<u>Salary or Hourly Wage</u>

<u>Employer's Name</u>	<u>Position</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Duties</u>	From: _____ Month _____ Year _____
<u>Telephone</u>		To: _____ Month _____ Year _____
<u>Type of Business</u>		<u>Name of Supervisor</u>
		<u>Salary or Hourly Wage</u>

<u>Employer's Name</u>	<u>Position</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Duties</u>	From: _____ Month _____ Year _____
<u>Telephone</u>		To: _____ Month _____ Year _____
<u>Type of Business</u>		<u>Name of Supervisor</u>
		<u>Salary or Hourly Wage</u>

ADDITIONAL INFORMATION

1. Do you have any mental or physical conditions that would prevent you from performing the duties of the position for which you are applying: _____

2. Have you ever been dismissed or asked to resign from a position? _____

3. Have you ever been convicted of a crime? _____
 If your answer to any of the above questions is "Yes", please attach an explanation.

4. Are you currently eligible for appointment to any competitive position from a list established by the Nassau County Civil Service Commission? _____
 If so, specify title _____

MILITARY SERVICE

SERVICE BRANCH	DATE ENTERED	DATE DISCHARGED	HIGHEST RANK	TYPE OF DISCHARGE

REFERENCES: Please list the names of at least three persons who have supervised you or know of your work and qualifications.

May we call or write them? Yes No

NAME	COMPANY	ADDRESS	BUSINESS PHONE	HOME PHONE (if Avail.)

