

Employment Experience (Start with most current or last job):

Employer	Phone #	Dates Employed	Work Performed
Address		Job Title	Supervisor
Reason For Leaving		Starting salary	Ending Salary

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References

Please give name, address and telephone number of three people that are not related to you, whom you have known at least one year.

1. _____
2. _____
3. _____

Agreement: I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that this application is not and is not intended to be a contract of employment. In the event of employment I understand, also, that I am required to abide by all rules and regulations of Western Eagle County Metro Recreation District.

Signature _____	Date: _____
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