

SKILLS

OFFICE: Typing Speed _____ WPM Shorthand Speed _____ WPM

List Any Computer Working Knowledge: _____

Trades and/or Apprenticeships Completed (list): _____

List Equipment You Can Operate: _____

VALID LICENCES/CERTIFICATES

Driver's Licence Class _____ First Aid Year Certified _____

Other (Specify) _____

PRIOR WORK HISTORY - (List Most RECENT First)

1. Firm Name: _____
 Address: _____ Phone No. _____
 Employed From: _____ to _____
 Job Title: _____ Supervisor's Name: _____
 Reason for Leaving: _____

2. Firm Name: _____
 Address: _____ Phone No. _____
 Employed From: _____ to _____
 Job Title: _____ Supervisor's Name: _____
 Reason for Leaving: _____

3. Firm Name: _____
 Address: _____ Phone No. _____
 Employed From: _____ to _____
 Job Title: _____ Supervisor's Name: _____
 Reason for Leaving: _____

By signing below, I hereby authorize the Town of Marathon to contact the person(s) or organization(s) listed above for the purpose of obtaining reference information including information contained in my personnel file and such person(s) or organization(s) are authorized to disclose such information. This authorization is in compliance with Subsection 32(b) of the Municipal Freedom of Information and Protection of Privacy Act.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature of Applicant

Date

Resume Attached: