



## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

## References

Please list three professional references.

Name: _____	Affiliation: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Name: _____	Affiliation: _____
Company: _____	Phone: _____
Address: _____	Email: _____
Name: _____	Affiliation: _____
Company: _____	Phone: _____
Address: _____	Email: _____

## Military Service

Branch: _____	From: _____	To: _____
Rank at discharge: _____	Type of discharge: _____	_____

If other than honorable,  
explain: \_\_\_\_\_

## Disclaimer and signature

I certify that the information contained on the application for employment is true and complete. I authorize the investigation of all statements contained on the application of employment and agree to sign a Criminal Offender Record Information/Sex Offender Record Information release form and consent to any other pre-employment record review including by not limited to: driver license record report, credit report, training and certification verification check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Bellingham is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge said Employee at any time with or without cause. It is further understood that an "at will" employment relationship cannot be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Voluntary Affirmative Action Request Form

Please mark the one box that describes the race/ethnicity category and veteran status with which you primarily identify. Submission of this information is voluntary. The information may only be used in accordance with the provisions of applicable federal and state laws and regulations which require the information to be summarized and reported to the Federal or State Government.

- Alaska Native
- American Indian
- Asian
- Black or African American
- Hispanic/ Latino
- Native Hawaiian or Other Pacific Islander
- White
- Veteran

Position Applied For: \_\_\_\_\_