



**Employment Record** (Starting with most recent employer)

1. Present or last position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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2. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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3. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  

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4. Prior position: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Personal References

List below the names of 3 people with whom you are acquainted. Business addresses and phone numbers are preferred. Do not list relatives.

	Name	Address	Phone #	Occupation
1				
2				
3				

## Additional Remarks

1. Have you ever been convicted, plead guilty or plead nolo contendere to a felony?  Yes or  No

If yes, explain:

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2. Give any additional information that might help us evaluate your qualifications:

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I declare all statements contained herein to be true and correct to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application may be considered cause or dismissal.

I understand that the successful completion of medical examination (including a drug and alcohol screen) is required by GVSUD as a condition of employment. I understand that if hired, my employment will be for an indefinite time and that my employment may be terminated for any reason at any time without advance notice. I understand that GVSUD may amend, modify or revoke any of its rules, regulations or employment policies at any time. I understand that the rules, regulations or employment policies of GVSUD do not create a personal contract of employment. I have read this entire application and understand its terms.

I authorize GVSUD to communicate with schools, references, former employers (unless otherwise noted), and any others whom it desires, and agree to hold such persons harmless with respect to any information they may give.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

FOR HUMAN RESOURCES ONLY	
Interview _____ / _____ / _____	Interview _____ / _____ / _____
Drug _____ / _____ / _____	Physical _____ / _____ / _____
Start Date _____ / _____ / _____	Salary _____