

WORK HISTORY**Please fill out completely, please do not write "refer to resume".**Current/Most Recent Employer _____ May we contact? Yes No

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

Previous Employer _____

Address _____ Telephone () _____

Date Started _____ Date Left _____

Name & Title of Supervisor _____

Reason for Leaving _____

Starting Position _____ Ending Position _____

Description of Duties _____

In addition to your work history, what other experiences, skills or qualifications do you have which you believe would benefit the agency? _____

REFERENCES List three work-related references.

Name	Address	Phone	Position	Years Acquainted
1.				
2.				
3.				

Applicant's Certification & Agreement

I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in immediate dismissal.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Wings or myself. I further agree and acknowledge that no Wings representative other than the Executive Director has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the Executive Director and me.

I authorize all schools, references, employers and any other person to provide my complete record, reason for leaving, and all other information they may have concerning me, including my personal character, habits, and employment records. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

Signature of Applicant _____ **Date** _____

Revised October 2021