

Employment Application Continuation Sheet

Person ID # (if applicable/known):

Name: _____

Job title for which you are applying: _____

Position Title		Employed from (Month/Year)*	To (Month/Year)*
Employer		Department	
Address (Street, City, State, Zip)		Supervisor	
Phone	Hours per Week	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Key responsibilities and equipment operated:			
Reason for leaving:			

Position Title		Employed from (Month/Year)*	To (Month/Year)*
Employer		Department	
Address (Street, City, State, Zip)		Supervisor	
Phone	Hours per Week	<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Key responsibilities and equipment operated:			
Reason for leaving:			

I certify that all of the information furnished in and/or with this employment application addendum are true and complete to the best of my knowledge. I understand that the City of Columbus, Ohio may investigate the information I have furnished, and I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duty, convictions, or personal information to the City of Columbus, Ohio and I release any such person, firm or organization from any responsibility in disclosing such information. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment with the City of Columbus, Ohio.

Signature: _____ Date: _____