

Previous Experience

Please list information relative to your professional or personal background that would be relevant to your consideration for appointment.

Alternatively, you may voluntarily provide employment background that is relevant to this appointment.

Last Position First

DATES OF EMPLOYMENT		EMPLOYER Give (1) Full Name and (2) Address of Company	POSITION AND DEPARTMENT	REASON FOR LEAVING	NAME OF YOUR IMMEDIATE SUPERVISOR	SALARY
FROM MONTH YEAR	TO MONTH YEAR					
		Name _____ Street _____ City _____ State _____ Zip _____			Tel. No. _____ ()	Start _____ Final _____
		Name _____ Street _____ City _____ State _____ Zip _____			Tel. No. _____ ()	Start _____ Final _____
		Name _____ Street _____ City _____ State _____ Zip _____			Tel. No. _____ ()	Start _____ Final _____
		Name _____ Street _____ City _____ State _____ Zip _____			Tel. No. _____ ()	Start _____ Final _____

If additional space is necessary please attach a separate listing of additional employers.

9. Do you have any relatives who are employed by the Town of Milan or who have been, or are currently appointed to a position on any board or committee in the town? Yes No

If Yes, please provide details _____

10. Have you previously been appointed to another position in the Town of Milan? Yes No

If Yes, please provide details _____

11. Were you referred for consideration for an appointment? Yes No

If Yes, please provide name _____

PERSONAL REFERENCE OTHER THAN RELATIVES OR FORMER EMPLOYERS

Name	Address	Phone	Occupation
Name	Street	Phone	Occupation

Signature of Applicant

Date