

Relatives employed by the RMLD or the Town of Reading		
Name	Relationship	Town of Reading Department
Professional References (other than relatives)		
Name	Company Name	Telephone Number
Employment History – Most Recent		
You may include any verified work performed on a volunteer basis.		
Company Name	City/State	Telephone Number
Supervisor's Name	Dates Employed	Job Title
Reason for Leaving	Job Duties	
Employment History – Second Most Recent		
Company Name	City/State	Telephone Number
Supervisor's Name	Dates Employed	Job Title
Reason for Leaving	Job Duties	
Employment History – Third Most Recent		
Company Name	City/State	Telephone Number
Supervisor's Name	Dates Employed	Job Title
Reason for Leaving	Job Duties	
Comments		

Certification and Release

I certify that I have read and understood the *Applicant's Note* and that my answers and statements are complete and true to the best of my knowledge. I understand that false information, omissions or misrepresentations of facts may result in rejection of my application or may result in discharge at any time during my employment. I authorize RMLD and/or its agents, including consumer reporting bureaus, to verify this information, including, but not limited to, criminal history and motor vehicle driving records. I do not hold persons, schools, companies and law enforcement authorities liable for any damage in releasing information requested in this application.

Signature of Applicant: _____ Date: _____