

THIS BOX FOR OFFICE USE ONLY:
Application #:



City of Miami
SUPPLEMENTAL EMPLOYMENT HISTORY

Please continue listing your work experience starting with your present or most recent employer in as much detail as possible. If you have held various positions with the same employer, make a separate entry for each position held so that your application may be accurately evaluated. **Please sign and date the back of this form and be sure to attach it to the primary application form.**

Employer (Name of Firm or Agency):			Dates Employed: From: ___ mo. ___ year To: ___ mo. ___ year	
Mailing Address of Employer:		Phone Number: ()	Starting Salary: \$	Ending Salary: \$
Job Code/Title:	Hrs. Per Week:	No. Persons Supervised:	Reason for Leaving:	
Supervisor's Name/Title:			Full-Time:	Part-Time:
Duties:				

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Supervisor's Name/Title:			Full-Time:	Part-Time:	
Duties:					

CERTIFICATE OF APPLICATION (PLEASE READ CAREFULLY BEFORE SIGNING!)

I hereby certify that all the statements made in this application are true and correct. I understand that I must demonstrate that I meet the minimum requirements of the job, and further understand that any exaggerated or false statement(s) or omission of requested information may be cause for my application to be rejected; or, if I have been employed may be cause for my termination. By signing this application, I agree to authorize the use of any information in this application to verify my statements, and I authorize all past employers, past educators and references to release any and all information concerning my previous employment and educational records. By signing this document I authorize verification of my background and conviction record, and I understand that in order for the City of Miami to comply with the Immigration Reform and Control Act 1986, any job offered to me is conditional upon my ability to establish identity and employment eligibility under such Act.

SIGNATURE OF APPLICANT

DATE