



EMPLOYMENT HISTORY (cont.)

Employer's Name	Start Date	End Date
Employer's Phone	Job Title	
Employer's Address	Immediate Supervisor Name	
Address 2	Immediate Supervisor Title	
City	Reason for leaving	
State	Was your Leaving	<i>Voluntary</i> <i>Involuntary</i>
Zip		
Brief description of your duties and responsibilities		
<div style="border: 1px solid black; height: 100px;"></div>		

CERTIFICATION

As an applicant for employment with Boothbay Region Water District, 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 the rejection of my application, or if employment commences, immediate dismissal.

I authorize Boothbay Region Water District to contact former employers and educational organizations regarding my employment and education. 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.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Boothbay Region Water District and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Boothbay Region Water District unless made in writing by the Manager, Boothbay Region Water District. If an employment relationship is established, I acknowledge that no consideration has been furnished to Boothbay Region Water District for my employment other than my services.

Applicant Name:

Signature

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Boothbay Region Water District or myself. I further agree and acknowledge that no representative other than the Manager, Boothbay Region Water District 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 Manager, Boothbay Region Water District and me.

I understand that if I am selected for employment I will be required to verify, within three days of my date of hire, my identity and eligibility to work as required under the Immigration Reform and Control Act of 1986. I understand that this requirement applies to all new employees.

My signature attests that I have carefully read and understand the information contained in this certification. I further declare and certify that the entries set forth on this application and on other documents provided by me to Boothbay Region Water District as part of this application process are true and accurate.

An Equal Opportunity Employer

Employment decisions are made without regard to race, color, religion, sex, age, sexual orientation, ancestry, national origin, genetic information, physical or mental disability, veteran status, or any other characteristic protected by law.

Date