

REQUEST FOR EMPLOYMENT HISTORY

Complete your personal employment history for the last three years. Begin with present or latest position or occupation. If you need additional room, use a separate sheet of paper. This form must be completed before your financial assistance application can be evaluated for possible assistance.

Company Name _____		Salary _____	Per _____
Company Address _____		Street _____	City _____ State _____ Zip Code _____
Supervisor's Name _____		Telephone Number _____	
Your Title: _____	Employment Start Date: _____	End Date: _____	
Your duties: _____			
Reason for leaving: _____			

Company Name _____		Salary _____	Per _____
Company Address _____		Street _____	City _____ State _____ Zip Code _____
Supervisor's Name _____		Telephone Number _____	
Your Title: _____	Employment Start Date: _____	End Date: _____	
Your duties: _____			
Reason for leaving: _____			

Company Name _____		Salary _____	Per _____
Company Address _____		Street _____	City _____ State _____ Zip Code _____
Supervisor's Name _____		Telephone Number _____	
Your Title: _____	Employment Start Date: _____	End Date: _____	
Your duties: _____			
Reason for leaving: _____			

ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT

I understand and agree that the Montgomery County Veterans Service Center may make a thorough investigation of my past employment activities. I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested. I also certify that all statements contained herein or at any step of the application process are true, complete and correct to the best of my knowledge. I understand a false answer or material omissions may be grounds for denial of financial assistance.

Signature

Date