

SARATOGA LAKE PROTECTION AND IMPROVEMENT DISTRICT (SLPID)

Employment Application

Applicant Information									
Full Name:					Date:				
Address:	Last	First		М.І.					
Address.	Street Address				Apartment/Unit #				
	City			State	ZIP Code				
Phone:			Email						
Date Availa	ole:								
Position App	olied for:								
_		Previou	s Employment	_					
Company									
Company: Address:	_								
Job Title:									
Responsibi	lities:								
Company:									
Address:									
Job Title:									
Responsibil	ities:								
Company:									
Address:									
Job Title:									
Responsibil	ities:								

		Refere	nces				
Please list three	professional refe	rences.					
Full Name:					Relationship:_		
•							
Address:							
					Phone:_		
Address:							
Full Name:					Relationship:		
Company:							
Address:							
	_	Educa	ation		_		
High School:		Address:					
_	_		YES	NO			
From:	To:	Did you graduate?			Dipioma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:							
Other.		Address					
From:	To:	Did you graduate?	YES	NO	Degree:		
		D: 1:	10:				
Loortify that my	answors aro truo	Disclaimer ar and complete to the bes					
		and complete to the bes ment, I understand that t	-		-	ny application or	
	sult in my release				3	3 P.P	
Signature:					Date:		