



MONTGOMERY COUNTY NY

An Equal Opportunity Employer

Montgomery County Personnel Department

County Annex Bldg – 20 Park Street
PO Box 1500
Fonda, NY 12068-1500

www.co.montgomery.ny.us

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Title and Exam Number of Position Applying For

Supplemental Experience Sheet

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. **Begin with your most recent employment and work backward consecutively to your first one.** Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

Dates of Employment - From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Name of Employer: _____

Employer Address, City, St: _____ Employer Telephone No: _____

Earnings: \$ _____ per (check one): wk mo yr #hours/week: _____ Type of Business: _____

Title: _____ Name and Title of Supervisor: _____

Describe Duties: _____

Reason for Leaving: _____

Dates of Employment - From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Name of Employer: _____

Employer Address, City, St: _____ Employer Telephone No: _____

Earnings: \$ _____ per (check one): wk mo yr #hours/week: _____ Type of Business: _____

Title: _____ Name and Title of Supervisor: _____

Describe Duties: _____

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Title: _____ Name and Title of Supervisor: _____

Describe Duties: _____

Reason for Leaving: _____

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant

Date

State any other names by which you have been known.