



North of the River ADDITIONAL WORK EXPERIENCE, *complete only if needed.*
recreation and park district

5. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:				Reason for Leaving:	
Phone #:		Salary:			
Immediate Supervisor's Name, Title & Phone # (if different):		Starting:	Ending:		
FT PT Seasonal Volunteer # of hours worked per week:				May we contact this employer? Y N Later	
6. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:				Reason for Leaving:	
Phone #:		Salary:			
Immediate Supervisor's Name, Title & Phone # (if different):		Starting:	Ending:		
FT PT Seasonal Volunteer # of hours worked per week:				May we contact this employer? Y N Later	
7. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:				Reason for Leaving:	
Phone #:		Salary:			
Immediate Supervisor's Name, Title & Phone # (if different):		Starting:	Ending:		
FT PT Seasonal Volunteer # of hours worked per week:				May we contact this employer? Y N Later	
8. EMPLOYER:				TITLE/POSITION:	
Address:		Dates (mm/yr):		List job duties	
City:		Starting:	Ending:		
State, Zip:				Reason for Leaving:	
Phone #:		Salary:			
Immediate Supervisor's Name, Title & Phone # (if different):		Starting:	Ending:		
FT PT Seasonal Volunteer # of hours worked per week:				May we contact this employer? Y N Later	

I hereby authorize NOR to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Applicant _____

Date _____