



**MILITARY**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

List last 3 employers starting with present or most recent:

**A.**  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date (from/to): \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**B.**  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date (from/to): \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**C.**  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date (from/to): \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**I authorize the Human Resources Agency of New Britain, Inc. to conduct an employment reference check.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

I acknowledge that as an at will employee of the Human Resources Agency of New Britain, Inc. my employment may be terminated without notice at any time for any reason.

No one other than the Executive Director or his/her designee has the authority to change my at will status as an employee.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE