Butler County Veterans Service Commission

315 High Street – 1st Floor
Hamilton, Ohio 45011
Phone: (513) 887-3600
Fax: (513) 887-3519

1021 Central Avenue
Middletown, Ohio 45044
Phone: (513) 425-8688
Fax: (513) 425-8739

Email Address: vsc@butlercountyohio.org

REQUEST FOR EMPLOYMENT HISTORY

Complete your personal employment history for the last three (3) 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 _____ Wage/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 _____ Wage/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 _____ Wage/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 Butler County Veterans Service Commission may make a thorough investigation of my past employment activities. I hereby release you, your organization or others form 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