



**LEVEL OF EDUCATION:** Please circle highest level of education completed:

High School      Associate      Bachelor      Master      Doctorate

Education	From – To ( Mo. & Yr.)	Major and Minor	Type of Degree or Diploma	Credits Received	Date Expecting
List Name					Degree or
Requested Below					Diploma
<u>High School or GED</u>					

College

Graduate School  
Or other Education

**PLEASE LIST MOST RELEVANT COURSE WORK:**

Name of Course	Division	Credit Hrs
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**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE SKILL, TRADE, OR PROFESSION:**

Skill, Trade or Profession	License or Certificate No.	Issued by: Name of Agency City, State	License Dates		Permanent	
			From	To	From	To

**AUTHORIZATION**

Date:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned, hereby authorizes the release of any requested employment records, pertaining to the undersigned's employment with your company to the Village of Phoenix Main St., Phoenix, New York from \_\_\_\_\_ to \_\_\_\_\_. Such request is limited to:

- 1) Dates of employment;
- 2) Reason(s) for termination/separation;
- 3) Disciplinary record; and
- 4) Unexcused absences.

\_\_\_\_\_  
By: \_\_\_\_\_  
Its: \_\_\_\_\_