



703 5th Street
 PO Box 210
 Oswego, KS 67356
 620-795-4433

Trade Contact Information

Business Name: _____

Trade Type: _____

Specialty: _____

Business Owner Name: _____

Business Owner Address: _____

Business Phone Number: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Website Address: _____

REFERENCES:	PROFESSIONAL
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NAME	PHONE NUMBER	PROJECT
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:	PERSONAL
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NAME	PHONE NUMBER	ASSOCIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all information I have provided to apply for and secure work within the City of Oswego is true, complete and correct. I authorize any potential employer to obtain information from all references (personal and professional) in order to verify the accuracy of all information provided. **I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, may result in my immediate discharge and loss of future job opportunities.**

 Signature

 Date

The City of Oswego does not endorse, represent or substantiate the claims or information provided on this form. The information will be provided to contractors, builders and administrative staff to assist with prospective building and other construction projects.