



## FORMER EMPLOYERS

List below your last four [4] employers, starting with the most recent one first. FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. Use additional paper if necessary.

Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Weekly starting salary	Weekly final salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Employer's Phone No.
Description of work				
Reason(s) for leaving				
Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Weekly starting salary	Weekly final salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Employer's Phone No.
Description of work				
Reason(s) for leaving				
Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Weekly starting salary	Weekly final salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Employer's Phone No.
Description of work				
Reason(s) for leaving				
Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Weekly starting salary	Weekly final salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title		Employer's Phone No.
Description of work				
Reason(s) for leaving				

Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Date Last Worked		Job Title	
Weekly starting salary	Weekly final salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Employer's Phone No.	
Description of work				

### REFERENCES

Give the names of three persons you are not related to, whom you have known at least one year and whom we can contact.

Name	Address	Years known	Phone No

### JOB SKILLS, QUALIFICATIONS AND EMPLOYMENT GAPS

Summarize your job skills, training and/or study that are relevant for the desired position. Also, explain any periods that you were not working. Use additional paper if necessary.

## CERTIFICATION

**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this Application is true and correct. I understand that any false or misleading statements or omissions regarding this Application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the Company. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon anything else.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this Application, I release the Company receiving this information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post offer media examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- F. The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment with the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the Company.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_