

EMPLOYMENT HISTORY / REFERENCES

(List Current or Most Recent Positions First)

Name of Most Recent Employer	City	State	Phone Number
Dates Employed (Month/Year) From / To /	Job Title	Supervisor's Name	
Duties			
Starting Salary	Final Salary	Reason For Leaving	

Name of Second Recent Employer	City	State	Phone Number
Dates Employed (Month/Year) From / To /	Job Title	Supervisor's Name	
Duties			
Starting Salary	Final Salary	Reason For Leaving	

Name of Third Recent Employer	City	State	Phone Number
Dates Employed (Month/Year) From / To /	Job Title	Supervisor's Name	
Duties			
Starting Salary	Final Salary	Reason For Leaving	

PERSONAL REFERENCES

Include only individuals not related to you, whom you have known at least one year.

Name	Address / Phone #	Occupation	# Yrs. Known
Name	Address / Phone #	Occupation	# Yrs. Known

CERTIFICATION AND RELEASE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts in this application are grounds for immediate dismissal from the company. I agree to conform to the rules and regulations of this company. I authorize the Company and / or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize, whether listed or not, any person, schools, company and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I will be an "At Will" employee and my employment can be terminated with or without cause or notice, at the option of either the company or myself.

Signature	Date
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