

EMPLOYMENT HISTORY

1. From _____ To _____ Job Title _____
Month/Year Month/Year Supervisor _____
Name/Title

Name of Organization

_____/_____/_____
Address City/State/Zip Code Telephone

_____/_____/_____
Starting Salary Salary Finish Reason for Leaving

Description of Duties (Please Indicate significant responsibilities)

2. From _____ To _____ Job Title _____
Month/Year Month/Year Supervisor _____
Name/Title

Name of Organization

_____/_____/_____
Address City/State/Zip Code Telephone

_____/_____/_____
Starting Salary Salary Finish Reason for Leaving

Description of Duties (Please Indicate significant responsibilities)

3. From _____ To _____ Job Title _____
Month/Year Month/Year Supervisor _____
Name/Title

Name of Organization

_____/_____/_____
Address City/State/Zip Code Telephone

_____/_____/_____
Starting Salary Salary Finish Reason for Leaving

Description of Duties (Please Indicate significant responsibilities)

RECREATION/OTHER VITA

List hobbies, travel, organizations, of which you are a member, exclusive of religious or political affiliations

REFERENCES-BUSINESS AND PROFESSIONAL

Name _____ Occupation _____

Address _____ Telephone _____

Name _____ Occupation _____

Address _____ Telephone _____

Name _____ Occupation _____

Address _____ Telephone _____

PERSONAL REFERENCES

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person school, current and former employer, consumer/reporting agency, and any other organization or agency to provide information relevant to such investigation, and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the Company's Corporate Code of Conduct is a condition of my employment.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of my employment, if required.

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 HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

Please answer each question to the best of your ability.

