

EMPLOYMENT HISTORY (List below current and previous employers, starting with current or latest employer first)

<i>DATE MONTH & YEAR</i>	<i>EMPLOYER NAME ADDRESS AND TELEPHONE NO.</i>	<i>SALARY</i>	<i>POSITION</i>	<i>REASON FOR LEAVING</i>
FROM:	1			
TO:				
FROM:	2			
TO:				
FROM:	3			
TO:				
FROM:	4			
TO:				

Are you presently employed? YES NO If so may we inquire of your present employer? YES NO

We may contact the employers listed above, unless you indicate below those you do not want us to contact.

Employer Number(s) _____ Reason: _____

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE NO.</i>	<i>BUSINESS</i>	<i>YEARS KNOWN</i>
1				
2				
3				

As an applicant for employment, I understand the following:

All information is subject to verification.

Any misrepresentation or falsification of information requested here will be cause for rejection of the application or for subsequent discipline up to and including my dismissal from employment.

If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulation of the company.

My employment is not guaranteed for any term, and that my employment may be terminated by the company or myself for any reason.

No management official is authorized to make any oral assurance or promise of continued employment.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U. S. Citizen status, or aliens, their legal authorization to work in the US. Therefore, I realize that any offer of employment would be contingent upon my ability to produce required documentation within the time and period required by law.

I agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

Signature of Applicant _____ Date _____