

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent.

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employees listed above concerning my prior work experience is indicated below:

Employer I? Yes ___ No ___ Employer II? Yes ___ No ___

Employer III? Yes ___ No ___ Employer IV? Yes ___ No ___

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree
Elementary			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER TECHNICAL, COMMUNICATION, MANAGEMENT or RELEVANT COURSES:

Course Title _____ Primary

Subject _____

Course Given By _____ Total Hours _____ Date Completed _____

Course Title _____ Primary

Subject _____

Course Given By _____ Total Hours _____ Date Completed _____

ADDITIONAL COMMENTS

Describe informative aspects of your background not otherwise included in this application

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone Number

May we telephone you to follow up on this application at home? Yes ___ No ___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___

If yes, what is the best time to call _____ What is your business telephone number? _____

Valid drivers license? _____ State? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if offered employment, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in anyway if the employer decides to employ me. I understand that if I am hired, I will be an at-will employee, which means that both I and the Company have the right to terminate my employment at any time with or without notice, with or without just cause, and that the Company does not guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

I further understand that a physical examination including a drug test will be required for permanent employment with the Company. Failure to pass this examination will result in immediate termination at any time. A background check will be performed on all employees prior to any position becoming permanent. An unsatisfactory background check will also be grounds for immediate termination.

Signature of Applicant