



## Employment Experience

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**Note: A job offer may be contingent upon passing a background check and acceptable references from current and former employers. Failure to identify a former employment may result in rejection of application or dismissal from employment. Applications will not be considered if not completed entirely.**

Please do not state "see resume".

Name of Present or Last Employer	May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor(s)
Address	Employed From (mo/yr)	To (mo/yr)
Address	Pay Start \$	Final \$
Phone Number	Reason for Leaving	
Title	Duties	

Name of Last Employer	May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor(s)
Address	Employed From (mo/yr)	To (mo/yr)
Address	Pay Start \$	Final \$
Phone Number	Reason for Leaving	
Title	Duties	

Name of Last Employer	May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor(s)
Address	Employed From (mo/yr)	To (mo/yr)
Address	Pay Start	Final \$
Phone Number	Reason for Leaving:	
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Name of Last Employer	May we contact them: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor(s)
Address	Employed From (mo/yr)	To (mo/yr)
Address	Pay Start \$	Final \$
Phone Number	Reason for Leaving:	
Title	Duties	

# EDUCATION

## List Name and Address of Schools

<b>High School or GED:</b>		Number of Years Completed
Address		
Diploma/Degree/Certificate:		
<b>College or University:</b>		Number of Years Completed
Address		
Subjects Studied:		
Diploma/Degree/Certificate:		
<b>Graduate, Vocational or Technical:</b>		Number of Years Completed
Address		
Subjects Studied		
Diploma/Degree/Certificate:		
What skills or additional training do you have that are related to the job for which you are applying?		
What machines or equipment can you operate that are related to the job for which you are applying?		
List professional, trade, business, or civic activities and office(s) held. (Exclude labor organizations and memberships which would reveal race color, religion, national origin, sex, age, disability or other protected status):		
<b>For Driving Jobs only:</b>	Do you have a valid Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's License Number	Class License	State Licensed in
Have you had your driver's license suspended or revoked in the last 3 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details:		

## REFERENCES

Have you ever worked or attended school under any other names?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give names?		
Are you presently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, whom do you suggest we contact?		
Have you ever been fired from a job or asked to resign?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:		
Give three references, not relatives or former employers.		
<b>Name</b>	<b>Address</b>	<b>Phone (home or work)</b>
1.		
2.		
3.		

### AFFIDAVIT, CONSENT AND RELEASE 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 the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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 REASON 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 6 months time.