



**FORMER EMPLOYERS**

List below your last three employers, starting with last one first.

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

May we contact your former employers? \_\_\_\_\_

**REFERENCES**

Please list the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IN CASE OF EMERGENCY**

NOTIFY: \_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER
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"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_

IF HIRED, DATE STARTING WORK: \_\_\_\_\_

This form has been designed to strictly comply with the State and Federal fair employment practice laws prohibiting employment discrimination.