

FORMER EMPLOYERS

Name and Address of Present or Most Recent Employer: _____

Dates Employed	
From	To

Hourly Rate/Salary	
Starting	Final

Job Title: _____ May We Contact Your Supervisor? YES NO

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____ Reason for Leaving: _____

Name and Address of Previous Employer: _____

Dates Employed	
From	To

Hourly Rate/Salary	
Starting	Final

Job Title: _____ May We Contact Your Supervisor? YES NO

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____ Reason for Leaving: _____

Name and Address of Previous Employer: _____

Dates Employed	
From	To

Hourly Rate/Salary	
Starting	Final

Job Title: _____ May We Contact Your Supervisor? YES NO

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____ Reason for Leaving: _____

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

MILITARY SERVICE (If any)

Branch of Service: _____ Discharge Date and Rank: _____

Type of Discharge (Honorable, Other Than Honorable, General, Etc.): _____

Present Membership;

National Guard or Reserves: _____ Date Obligation Ends: _____

Describe any job-related training received in the United States Military: _____

ADDITIONAL INFORMATION

Are you a citizen of The United States of America? YES NO

Note to applicants: DO NOT ANSWER THE BELOW QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. IT IS YOUR RESPONSIBILITY TO REQUEST A COPY OF THE JOB DESCRIPTION IF YOU DO NOT HAVE ONE READILY AVAILABLE. THIS QUESTION MAY BE ASKED AGAIN IN AN INTERVIEW IF YOU ARE SELECTED TO ATTEND SUCH.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation. YES NO

Were you ever seriously injured? YES NO. If yes, give details _____

Have you been convicted of a felony or misdemeanor within the last 5 years? YES NO. If yes, describe _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: _____

State any additional information you feel may be helpful to us in considering your application: _____

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without notice, for any reason, with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, policies, and articles of conduct of the Employer.

Signature of Applicant

Date