

FORMER EMPLOYERS (List last four employers, starting with the last one first)

| Month & Year | Employer Name/Address | Salary | Position | Reason for Leaving |
|--------------|-----------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

REFERENCES (List three people not related to you whom you have known at least one year)

| Name/Business | Address | Phone Number | Years Acquainted |
|---------------|---------|--------------|------------------|
| | | | |
| | | | |
| | | | |

PHYSICAL RECORD – Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No If Yes, what can be done to accommodate your limitation? _____

In Case of Emergency Notify _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired Yes No Position _____ Department _____

Salary/Wage _____ Date Reporting to Work _____

Approved by: 1. Employment Manager _____
2. Department Head _____
3. General Manager _____