



|  |                     |
|--|---------------------|
| Dates Employed                               | Name of Employer:   |
| From            To<br>Mo./Yr.        Mo./Yr. | Address:            |
| Salary                                       | Job Title:          |
| Start _____<br>Finish _____                  | Name of Supervisor: |

Briefly describe your job duties and work experience: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

|  |                     |
|--|---------------------|
| Dates Employed                               | Name of Employer:   |
| From            To<br>Mo./Yr.        Mo./Yr. | Address:            |
| Salary                                       | Job Title:          |
| Start _____<br>Finish _____                  | Name of Supervisor: |

Briefly describe your job duties and work experience: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Give the names of three persons not related to you, whom you have known **professionally** at least three years. Do not list family members. Professional references are work-related.

| Name  | Address | Telephone Number | Years Known |
|-------|---------|------------------|-------------|
| _____ | _____   | _____            | _____       |
| _____ | _____   | _____            | _____       |
| _____ | _____   | _____            | _____       |

**APPLICANT'S STATEMENT**

I understand that my employment may be terminated with or without reason or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company my request in the course of its investigation of this application for employment and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature