

EMPLOYMENT HISTORY - begin with most recent position (please complete even if resume is attached)

Employer	Title & Description of Position & Duties	Period of Employment Month/Year
1. Name, Address & Phone # of Organization		From: _____ To: _____ Reason for Leaving:
Type of Business		Name & Title of Supervisor
Salary (upon leaving):		PT or FT position?
2. Name, Address & Phone No. of Organization		From: _____ To: _____ Reason for Leaving:
Type of Business		Name & Title of Supervisor
Salary (upon leaving):		PT or FT position?
3. Name, Address & Phone No. of Organization		From: _____ To: _____ Reason for Leaving:
Type of Business		Name & Title of Supervisor
Salary (upon leaving):		PT or FT position?

If presently employed, may we contact your employer? Yes No

PROFESSIONAL REFERENCES (List 3 persons, not related to you, who are familiar with your work history, whom you have known at least 1 year.)

Name	Position	Relationship (supervisor, co-worker, etc.)	Phone No.	Years Acquainted

CERTIFICATION (Please read the following carefully)

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, or, if I am hired and the same is discovered thereafter, termination. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize you to request, receive, and verify all information given on this application, and I release you from all liability for any damages that may result from your doing so. I understand that this application will be valid for 30 days from the date of initial application.

I understand that, if hired, my employment will be at-will and may be terminated for any reason, with or without cause, at any time at my option or by the company. I understand that no employee, officer or agent of the company may bind it to anything contrary to the above by oral or printed statements, including handbooks, benefits booklets, or other forms of communication. I agree to conform to the rules and regulations of the company. I acknowledge that the company retains the right to revise its policies or procedures, in whole or in part, at any time.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to urinalysis and/or blood testing for alcohol and/or controlled substances. Such testing may occur as a precondition to my being employed, or anytime during my employment with this company when there is reasonable cause to believe that violations of the "Substance Abuse" policy exists. I understand that refusal to submit to such testing will result in my termination.

Applicant's Signature

Date