

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip
Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip
Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip
Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

Federal and state law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 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 with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 and regulations of the employer.

Signature of Applicant

Date