



## EMPLOYMENT EXPERIENCE

Start with your present or most recent job, and complete as thoroughly as possible. Do not indicate " See resume". Include military service assignments and volunteer activities. Also include major gaps in work history. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other status.

1.) \_\_\_\_\_  
Employer Address Phone

\_\_\_\_\_

Job Title Dates Employed From To Salary Start Finish

\_\_\_\_\_

Supervisor's Name Reason for Leaving

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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2.) \_\_\_\_\_  
Employer Address Phone

\_\_\_\_\_

Job Title Dates Employed From To Salary Start Finish

\_\_\_\_\_

Supervisor's Name Reason for Leaving

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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3.) \_\_\_\_\_  
Employer Address Phone

\_\_\_\_\_

Job Title Dates Employed From To Salary Start Finish

\_\_\_\_\_

Supervisor's Name Reason for Leaving

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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4.) \_\_\_\_\_  
Employer Address Phone

\_\_\_\_\_

Job Title Dates Employed From To Salary Start Finish

\_\_\_\_\_

Supervisor's Name Reason for Leaving

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

	High School	College/University	Graduate/Professional (or second college attended)
School Name, City & State			
Circle highest grade completed at each school	9    10    11    12	1    2    3    4    5+	1    2    3    4    5+
Degree Earned			
Major Studies			
Year of Graduation (Necessary for verification)			

## HONORS RECEIVED

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

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## REFERENCES

Please list below at least three (3) *professional* references who have direct knowledge of your skills and abilities. Indicate in the "How Know" section what working relationship the individual had/has to you (manager, co-worker, customer, user, etc.) and at which company.

NAME _____ ADDRESS _____ _____	PHONE _____ TITLE _____ HOW KNOW? _____ _____
NAME _____ ADDRESS _____ _____	PHONE _____ TITLE _____ HOW KNOW? _____ _____
NAME _____ ADDRESS _____ _____	PHONE _____ TITLE _____ HOW KNOW? _____ _____
NAME _____ ADDRESS _____ _____	PHONE _____ TITLE _____ HOW KNOW? _____ _____
NAME _____ ADDRESS _____ _____	PHONE _____ TITLE _____ HOW KNOW? _____ _____

## APPLICANT'S STATEMENT

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

I understand that if I am hired, either the company or I may terminate employment at will for any reason.

I gave permission for a complete physical examination, including a drug screening and x-rays, and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying.

I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with this company.

This application for employment shall be considered active for a period of time not to exceed one month.

**IF YOU ARE OFFERED EMPLOYMENT, A MEDICAL EXAMINATION MAY BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB, THE COMPANY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONABLE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE COMPANY, THE TENTATIVE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.**

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Signature of Applicant

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Date