

PREVIOUS EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	HOURLY PAY START END
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING AVERAGE NUMBER HOURS PER WEEK. MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	HOURLY PAY START END
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING AVERAGE NUMBER HOURS PER WEEK. MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

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ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
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STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING AVERAGE NUMBER HOURS PER WEEK. MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? YES NO If "Yes", describe in full. _____

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:

The information I have provided in the Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

X SIGNATURE OF APPLICANT _____ DATE _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

YOU MAY BE REQUIRED TO PARTICIPATE IN A DRUG TEST.