
Full Name:

Relationship:

Company:

Phone: ()

Address:

Previous Employment

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Additional Information

Please State any additional information you feel may be helpful to us in considering you for employment.

Please State any Special Skills or Qualifications acquired from previous employment or other experiences.

Disclaimer and Signature

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In consideration of my employment, I agree to conform to the rules and regulation of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of termination. I understand that no manager, supervisor, or representative of management, other than the President, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of shift or job depending on my demonstrated skills after employment and the needs of the Company. I consent to make any physical or medical examinations, including blood and urine tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any test done will be the property of the Company and will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne the Company.

Signature: _____ Date: _____