

Employment History Month/Year	Name and Address of Employer	Salary	Position	Name of Supervisor Phone/Email	Reason for Leaving
From: ____/____ To: ____/____	_____			_____	
From: ____/____ To: ____/____	_____			_____	
From: ____/____ To: ____/____	_____			_____	

REFERENCES:

Give the names of three persons not related to you, whom you have known for at least three years.

NAME	OCCUPATION	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by the organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is not for a definite period of time and may be terminated by either party at any time.

Applicant Signature: _____ Date: _____