

EMPLOYMENT EXPERIENCE: Please account for ALL periods of employment, including any self-employment, other fields of endeavor and U.S. military service. Attach sheet if more space is needed.

Present or Last Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address Supervisor	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address Supervisor	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address Supervisor	Supervisor	Job Title/Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
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Previous Employer	Phone	Hire Date	Date Left	Starting Pay	Final Pay
Address Supervisor	Supervisor	Job Title/Job Duties		Reason for Leaving	

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation.

2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. I also understand that providing information other than that requested on this application will result in the disqualification of this application.

3. I understand that I may be required to submit to employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that _____ is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. This original application for employment will only be considered for 30 days.

6. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Yes No

Signature _____ Date _____