

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch?
	Describe any training received relevant to the position in which you are applying.	

EMPLOYMENT – <i>If resume is provided, please complete items not specified on your resume.</i>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Pay – <i>please circle one</i> Hourly Weekly Monthly Annually Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Pay – <i>please circle one</i> Hourly Weekly Monthly Annually Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Pay – <i>please circle one</i> Hourly Weekly Monthly Annually Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Pay – <i>please circle one</i> Hourly Weekly Monthly Annually Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

Please read and understand this statement before signing your application:

The information I provided in this Application for Employment is true. False, incomplete or misrepresented information 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 obtain information about me from previous employers, educational institutions, and any other parties to verify the accuracy of information in this application, a related employment resume, or personal interview. 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 who provide information for this purpose.

This application will expire in 6-months. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. IF I ACCEPT AN OFFER OF EMPLOYMENT I UNDERSTAND THE EMPLOYER

MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO ONE, OTHER THAN AN EXECUTIVE OFFICER OF THE EMPLOYER, HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT WITH TERMS CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITING SIGNED BY SUCH OFFICER.

I accept all terms and conditions in the above statement.

_____ Date

_____ Signature