

FORMER EMPLOYERS (LIST BELOW FOUR EMPLOYERS, BEGINNING WITH MOST RECENT)

DATE (MONTH & YEAR)	NAME, ADDRESS, PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)

NAME	PHONE NUMBER / ADDRESS	BUSINESS	YEARS AQUAINTED

IN CASE OF
EMERGENCY NOTIFY _____

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER

I understand that Deluxe Step and Rail, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Deluxe Step and Rail, Inc. may require a drug screening test as a part of its selection & hiring process. I further understand and agree to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand and agree to the statement above.

Initial Here _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____

SIGNATURE _____