

School	Name and Address of School	Course of Study	Check Last year completed				Did you graduate?	List Diploma or Degree
High			1	2	3	4		
College			1	2	3	4		
College			1	2	3	4		
OTHER Business College, Other Special Courses, include Military Training, Post Graduate Course/Degree:								
List Professional License(s):			Business or Computer Related Equipment Operated:					
			Data Entry: _____ WPM Typing _____ WPM					
Areas of Specialization or Major Interest:								

INSTRUCTIONS:

Use this section to provide information about your previous jobs starting with the most recent position. It is important to fill in all the information. If you do not know the telephone number we will be happy to lend you our telephone directory. Resumes may be attached but cannot be used in place of this.

1. Present or Last Employer's Name	Telephone: ()
	If present employer, may we contact them?
Street Address	Salary: Starting \$ Ending \$
City, State	Reason for Leaving:
Job Title and Description	Dates: From / / To / /
Supervisor's Name and Title	

2. Employer's Name	
	Telephone ()
Street Address	Salary: Starting \$ Ending \$
City, State	Reason for Leaving:
Job Title and Description	Dates: From / / To / /
Supervisor's Name and Title	

3. Employer's Name	
	Telephone ()
Street Address	Salary: Starting \$ Ending \$
City, State	Reason for Leaving:
Job Title and Description	Dates: From / / To / /
Supervisor's Name and Title	

REFERENCES:

LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS LISTED UNDER THE EXPERIENCE SECTION.

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

AFFIDAVIT

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

If I am extended an employment offer, I will provide a current copy of my Motor Vehicle Report before reporting to work.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant's Name (please print)

Signature

Date

Office Use Only: Pay Rate

License Level:

Start Date: