



## EMPLOYMENT HISTORY

Please list your three most recent jobs including military (most recent first)

Company:	Job Title/Duties:
Dates of Employment: From:                      To:	Reason for leaving:
Phone #:	May we contact this employer?    Yes / No

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## EDUCATION

	Name/City/State	From:/To:	Graduated? ( Y / N )	Area of Study/Degree Earned
High School				
College				
Graduate School				
Trade/Technical School				

## SKILLS

<b>Are you TABC Certified?</b> <b>If yes, Expiration Date?</b>
Can you operate a computer?    Yes / No
List any skills that may help you in the applied for position:
List any special skills, talent, or certifications:

## ESSENTIAL JOB FUNCTIONS

Have you been given a job description or had the essential functions of the job explained to you?	Yes / No
Do you understand these essential functions?	Yes / No
After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation.	Yes / No

## DRIVER'S LICENSE INFORMATION

Do you have the appropriate valid driver's license?			Yes / No
Name on License:	DL#:	Expiration Date:	
Have you had any moving violations within the last 3 years? Yes / No			
If yes, please describe:			

## CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I'm employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment, and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the Company. I also understand that I may not be under the influence of drugs or alcohol during the employment, and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

Signature:	Date:
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This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application.