

WORK HISTORY

May we contact your present employer? Yes No _____

Most recent employer: _____ Telephone Number: _____
Address: _____
Description of Duties: _____
Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
Date Left: _____ Leaving Position: _____

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Address: _____
Description of Duties: _____
Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
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Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
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I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application could lead to disciplinary action including dismissal. The Company is hereby authorized to investigate any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company other than the President, has any authority to alter the foregoing.

Date: _____ Applicant's Signature: _____