

Employment History - continued

From	To	Employer	Phone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ per Final \$ per	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB RELATED

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
High School					
College			MAJOR	DEGREE	
Other					

References

NAME	TELEPHONE	YEARS KNOWN

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I AGREE TO SUBMIT TO CONTROLLED SUBSTANCE TESTING, AT THE REQUEST OF THE EMPLOYER. REFUSAL TO DO SO WILL END THE EMPLOYMENT PROCESS. AN APPLICANT MUST TEST NEGATIVE TO BE FURTHER CONSIDERED FOR EMPLOYMENT.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant Date