

EDUCATION

NAME OF SCHOOL	LOCATION	DATES (FROM/TO)	GRADUATED	DEGREES/MAJOR

OTHER SPECIAL TRAINING OR SKILLS:

EMPLOYMENT HISTORY

(List the last three employers, beginning with the most recent)

COMPANY NAME	DATE OF EMPLOYMENT (MONTH & YEAR)			
COMPANY ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE & WORK DESCRIPTION			
SUPERVISOR	REASON FOR LEAVING		SALARY RECEIVED	
COMPANY NAME	DATE OF EMPLOYMENT (MONTH & YEAR)			
COMPANY ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE & WORK DESCRIPTION			
SUPERVISOR	REASON FOR LEAVING		SALARY RECEIVED	
COMPANY NAME	DATE OF EMPLOYMENT (MONTH & YEAR)			
COMPANY ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE & WORK DESCRIPTION			
SUPERVISOR	REASON FOR LEAVING		SALARY RECEIVED	

PERSONAL REFERENCES

(Do Not Include Relatives or Former Employers)

NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
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ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
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ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
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ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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STATEMENT

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification will be immediate grounds for dismissal. I authorize the Company to investigate my background and activities and obtain information and opinions from any sources it desires concerning my character, general reputation, personal characteristics, employment, educational background, and criminal record, whichever may be applicable. I understand that this investigation may include personal interviews with third parties such as business associates, financial sources, friends, family, and other with whom I am acquainted.

It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the Company may lawfully require. The Company will pay the reasonable cost of any such examination which may be required.

I agree to conform to the Company's rules, regulations, and instructions as made known at the time of employment or at any other time.

I understand and agree that any falsification or omission either on this form or in my response to questions asked during any interview or other examination process is grounds for immediate termination of my employment no matter what the falsification or omission is discovered.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice at any time, at the option of the Company or myself. I understand that no representative of the Company other than a President has authority to enter into any agreement for any specified period of time or to may any agreement contrary to the foregoing. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

I have read and affirm as my own the above statements.

Signature of Applicant

Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

INTERVIEWER COMMENTS:

INTERVIEWER

DATE

JOB CLASSIFICATION

SALARY PER HOUR

STARTING DATE

OTHER