



**EDUCATION HISTORY:**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

**EMPLOYMENT HISTORY:**

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

NAME OF EMPLOYER		START DATE		LEAVING DATE	
JOB TITLE			ADDRESS		
SUPERVISOR & TITLE			TELEPHONE #		
DESCRIPTION OF WORK & JOB RESPONSIBILITIES					
REASON FOR LEAVING					

NAME OF EMPLOYER		START DATE		LEAVING DATE	
JOB TITLE			ADDRESS		
SUPERVISOR & TITLE			TELEPHONE #		
DESCRIPTION OF WORK & JOB RESPONSIBILITIES					
REASON FOR LEAVING					

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JOB TITLE			ADDRESS		
SUPERVISOR & TITLE			TELEPHONE #		
DESCRIPTION OF WORK & JOB RESPONSIBILITIES					
REASON FOR LEAVING					

REFERENCES:

NAME	TELEPHONE #	YEARS KNOWN & RELATIONSHIP

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 persons, corporations or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

If 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 consummate 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 assurance to the contrary. I further understand that any 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 reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_