



List below your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. Use an additional sheet of paper and attach it to this application if you need additional space. Please account for all periods of unemployment in this section.

<u>Dates of Employment</u>	<u>Name, Address &amp; Phone # of Employer</u>	<u>Job Title</u>	<u>Name of Supervisor</u>	<u>Salary</u>
<u>From</u>	_____	_____	_____	<u>Start</u>
<u>To</u>	_____	_____	_____	<u>Finish</u>
	_____			

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
 \_\_\_\_\_

<u>Dates of Employment</u>	<u>Name, Address &amp; Phone # of Employer</u>	<u>Job Title</u>	<u>Name of Supervisor</u>	<u>Salary</u>
<u>From</u>	_____	_____	_____	<u>Start</u>
<u>To</u>	_____	_____	_____	<u>Finish</u>
	_____			

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE \_\_\_\_\_  
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REASON FOR LEAVING \_\_\_\_\_  
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<u>Dates of Employment</u>	<u>Name, Address &amp; Phone # of Employer</u>	<u>Job Title</u>	<u>Name of Supervisor</u>	<u>Salary</u>
<u>From</u>	_____	_____	_____	<u>Start</u>
<u>To</u>	_____	_____	_____	<u>Finish</u>
	_____			

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
 \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that any employment will be on a six (6) month introductory basis and that my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers, references and any investigative agency including credit or criminal background check and authorize them to provide all information requested of them by the Company I release all parties giving or receiving information from any liability associated with doing so. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by Company's rules and regulations, which I understand are subject to change by the Company.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

c:\forms\application (02-13-06) Please Print Name \_\_\_\_\_