



**Employment History:** (Start with most recent employer)

DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	AMT. PER HR. OR WKLY. SALARY	POSITION OR DUTIES	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Comments: (including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_

**References:**

Give the names of 3 persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE	BUSINESS OR PROFESSION	YEARS ACQUAINTED
1.			
2.			
3.			

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_