

5-YEAR EMPLOYMENT HISTORY (You must complete this section even if attaching a resume)

1. Company		Employment Dates (MO/YR) From: _____ To: _____		Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____			
Supervisor Name	Telephone () -	Reason for Leaving			
Responsibilities and Accomplishments				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Company		Employment Dates (MO/YR) From: _____ To: _____		Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____			
Supervisor Name	Telephone () -	Reason for Leaving			
Responsibilities and Accomplishments				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Company		Employment Dates (MO/YR) From: _____ To: _____		Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____			
Supervisor Name	Telephone () -	Reason for Leaving			
Responsibilities and Accomplishments				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Company		Employment Dates (MO/YR) From: _____ To: _____		Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Address, City State & Zip Code		Position Title Starting: _____ Ending: _____			
Supervisor Name	Telephone () -	Reason for Leaving			
Responsibilities and Accomplishments				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL REFERENCES (List three persons, other than relatives, who have knowledge of your work experience and/or

Name	City/State	Telephone () -	Occupation	Years Known
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Name	City/State	Telephone () -	Occupation	Years Known

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand, where permissible under applicable law, I may be subject to a drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work with the Company.

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcriptions requested.

I understand employment with the Company is contingent upon me providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand and agree that either the Company or I may terminate my employment relation with the Company at will, at any time, with or without cause or notice.

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or express contract employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Printed Name: _____ Signature: _____ Date: ____/____/____

Witness Printed Name: _____ Signature: _____ Date: ____/____/____