



**PREVIOUS EMPLOYERS** (List below your last three employers starting with the most recent first)

Month and Year	Name, Address and Phone Number of Employer	Salary	Position Held Brief Description of Duties Performed	Reason for Leaving
From				
To				
From				
To				
From				
To				

May we contact the above employers? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REFERENCES** (Give the names of three persons not related to you, whom you have known at least one year)

	NAME	ADDRESS AND PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

**EMERGENCY CONTACT** \_\_\_\_\_

Name

Relationship

Address

Phone Number

**I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.**

**I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED: Yes \_\_\_\_\_ No \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ START DATE \_\_\_\_\_