

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

Most Recent Employer

Company Name _____ City _____ State _____ Phone Number _____

Are you currently working for this employer? Yes _____ No _____

If yes may we contact? Yes _____ No _____

Employed From: _____ To: _____ Job Title: _____

Supervisors Name: _____

Salary _____ Per _____
Hour, Week, Month

Reason for Leaving: _____

Second Most Recent Employer

Company Name _____ City _____ State _____ Phone Number _____

Employed From: _____ To: _____ Job Title: _____

Supervisors Name: _____

Salary _____ Per _____
Hour, Week, Month

Reason for Leaving: _____

Third Most Recent Employer

Company Name _____ City _____ State _____ Phone Number _____

Employed From: _____ To: _____ Job Title: _____

Supervisors Name: _____

Salary _____ Per _____
Hour, Week, Month

Reason for Leaving: _____

Comments:

Ask for an additional page if necessary.

Comments: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools companies and law enforcement authorities to release any information concerning my background and hereby release any said persons., schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment, If company policy requires. I am willing to submit to drug testing to detect the use of Illegal drugs prior to and during employment.

Signature: _____ Date: _____

Have you had any moving citation? Yes _____ No _____ if yes, please describe what, where: _____

What office equipment/machine/software do you have experience operating? _____

Education and/or Training:

Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16+

Complete section below:

High School	Name	City/State	Graduate?	Date
College	Name	City/State	Graduate?	Date
Vocational Training, Apprenticeship Courses, Self-Study or Other				

Mobility:

Would you accept employment out of town? Yes _____ No _____

Would you accept employment out of state? Yes _____ No _____

Would you accept employment out of the Country? Yes _____ No _____

Have you been given a job description or had the requirements of the job explained to you? Yes _____ No _____

Do you understand these requirements? Yes _____ No _____

Can you perform the requirements of this job with or without reasonable accommodation? Yes _____ No _____

Background

List state of residence for the past seven years:

Have you used any names or Social Security Numbers other than those shown on page one of this application? _____ If so, please list: _____

Have you been convicted of a felony and/or served time in the past seven years? _____ If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge
1.	_____	_____
2.	_____	_____
3.	_____	_____

Are you able to meet the I-9 (Immigration and Naturalization requirements) as to employment eligibility and authority to work? Yes _____ No _____