

List Business, Scientific or Professional Organization Membership (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status):

List current professional licenses and registrations.

List any skills, experience etc. which qualify you for this job:

Were you in the U.S. Armed Forces? Yes No If yes, what branch?
Rank at Discharge: Type of Discharge:

Employment History (Most Recent Employer First)
Attach Detailed Explanation if Necessary

Dates Mo./Year From To	Former Employers Name	Address	Kind of Business	Position Held	Last Supervisor	Rate of Pay	Reason for Leaving

References: Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

It is understood and agreed that any false or misleading statement, information or omission by me in this application or during an interview will be sufficient cause for cancellation of this application and/or immediate termination from the employer's service if I have been employed.

I agree to abide by all the rules and policies of the organization and will obey the orders and instructions of my supervisors. I will use and wear all safety appliances furnished to me by the organization and will be careful in my work and not expose myself or my fellow workers to unnecessary dangers.

I give the organization and/or its agents including consumer-reporting bureaus, the right to investigate all references, verify information, and to secure additional information about me, if job related, before or after an offer of employment. I hereby release from liability the organization and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that my employment may be contingent upon passing a pre-employment physical examination and/or a drug test, and is contingent upon verification of my right to work in the U.S., and a satisfactory background check and verification of my previous employment. I also understand that the use of illegal drugs is prohibited during employment. If policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I acknowledge that this is not an employment contract and that no promise regarding employment has been made to me. I understand that an offer of employment does not constitute a contract, and that I have the right to terminate my employment for any reason at any time, and that the organization has a similar right.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the organization and still wish to be considered for employment it may be necessary to fill out a new application.

Signature of Applicant: _____ Date: _____