

EMPLOYMENT EXPERIENCE: Start with your present job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1: _____ Telephone # _____
Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____
Address: _____ City _____ State _____ Zip _____
Supervisor's Name: _____ Your Job Title _____
Reason for leaving _____

Employer 2: _____ Telephone # _____
Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____
Address: _____ City _____ State _____ Zip _____
Supervisor's Name: _____ Your Job Title _____
Reason for leaving _____

Employer 3: _____ Telephone # _____
Dates of Employment: From _____ To _____ Salary or Hourly Rate: _____
Address: _____ City _____ State _____ Zip _____
Supervisor's Name: _____ Your Job Title _____
Reason for leaving _____

Drivers License# _____ State _____ Expiration _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers to disclose information regarding my former employment, character and general reputation to the Company without giving me prior notice of such disclosure, in addition I release the Company any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that this application or any interview is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination. I understand that any employment is conditioned on a **background and fingerprint check**.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work if required by company. If employed I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file, I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or part, at any time. ***I also understand that if hired, I will be subject to a 90 day trial period to be reviewed at the end of the 60 days by director.***

Date: _____ Signature: _____