

EMPLOYMENT HISTORY

You must list present or most recent employer first. Include periods of time for the past ten (10) years whether employed or unemployed, including volunteer work and active military service (use additional forms, if necessary). DO NOT USE "REFER TO RESUME."

Name of Employer	Dates of Employment		Name of Immediate Supervisor
Address of Employer	From	To	Your Job Title (Or rank, if military)
Street	Mo.	Mo.	Hours Per Week
City	yr.	yr.	Reason For leaving
State	ZIP		
Phone Number of Employer	Last Salary (Monthly)		
Description of Your Work			

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State	ZIP		
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Description of Your Work			

Have you ever been convicted of a criminal violation of laws that prohibit or discharge from military service? (An applicant will not be discharged by non-job-related convictions or dishonorable discharges.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have your other's become discharged from any position for misconduct or unsatisfactory services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, please explain. (Include dates and locations.)					

AUTHORIZATION AND RELEASE

In consideration of my employment by the Company, I agree to abide by its rules and regulations. I declare each of the answers given to be complete and true to the best of my knowledge and am aware that any misrepresentation or omission may be cause for dismissal. I authorize all schools which I attended and any former employers to give information relative to my academic and employment record and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I am aware that, as a condition of employment, if employment is offered, I must be authorized to work in the U.S. and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I understand that if reasonable accommodation is required due to a disability, I must inform the Human Resources Department for this Division or Department. I will also state to the best of my knowledge specific accommodations I will require.

Further, I understand that my employment is "at will" and can be terminated at any time by either party for any reason or for no reason. This employment agreement cannot be modified either orally or in writing except by a written contract expressly superseding or modifying this agreement signed by the employee and an authorized officer of the Company.

Signature _____ Date _____

NOTE: This application will remain active for 6 months.