

FORMER EMPLOYERS (LIST BELOW THE LAST THREE (3) EMPLOYERS WITH THE LAST ONE FIRST)

Date - Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: Give the names of three (3) persons not related to you, whom you have known for at least one (1) year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

In case of emergency notify:

Name _____ Address _____ Phone _____

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only when in wrong and signed by the President, has the authority to enter in to any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____

Office Use Only

Interviewed by: _____ Date: _____

Remarks _____

Neatness _____ Ability _____

Hired: Yes No Position _____ Department _____

Salary/Wage _____ Date Reporting to Work _____

Approved:

_____/ _____/ _____

Employment Manager

Dept. Head

General Manager