

FORMER EMPLOYERS List below the last three employers, starting with the last one first

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
Supervisor				
From				
To				
Supervisor				
From				
To				
Supervisor				

REFERENCES Give the name of three persons not related to you, whom you have known at least one year

Name	Business	Phone #	Years Acquainted
1.			
2.			
3.			

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes No If YES, what can be done to accommodate your limitations?

Please describe: _____

In case of emergency, notify: _____
Name Address Phone #

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

_____ Date _____ Signature _____