



PLEASE LIST ALL HISTORY STARTING WITH PRESENT OR MOST RECENT EMPLOYER.  
 ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT & SERVICE WITH THE ARMED FORCES.  
 USE ADDITIONAL SHEET IF NECESSARY.

DATES	EMPLOYER NAME, ADDRESS & PHONE	NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM: _____ MO. YR.  TO: _____ MO. YR.				Starting \$ _____  Final \$ _____	
FROM: _____ MO. YR.  TO: _____ MO. YR.				Starting \$ _____  Final \$ _____	
FROM: _____ MO. YR.  TO: _____ MO. YR.				Starting \$ _____  Final \$ _____	

<p>I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.</p> <p>Applicant's Signature _____</p>	<p>I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.</p> <p>I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due at the time of termination.</p> <p>Date _____</p>
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**DO NOT WRITE BELOW THIS LINE - FOR COMPANY USE ONLY**

Disposition _____	Date Employed _____	Starting Rate _____	per _____	<b>INFORMATION In this section is required only after employment for personnel records</b>
Job Classification _____	Department _____	Clock No. _____	Number of dependents _____	Marital status _____
Interviewed by _____	Date of Birth _____	Sex _____	Height _____	Weight _____
Interviewer's remarks and recommendations _____	Person to notify in emergency _____	Phone _____		
_____	Address _____			
_____	Name of personal physician _____			
Application information checked by _____	Address _____			
Date _____	Phone _____			