



# EDUCATION and TRAINING

Education	Name of School	City/State	#of Years	Degrees
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____
Other Schools	_____	_____	_____	_____
Major Studies	_____	_____	_____	_____

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# EMPLOYMENT HISTORY

Start with your MOST CURRENT JOB. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. EMPLOYER \_\_\_\_\_ DATES EMPLOYED FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_ STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
\_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ DATES EMPLOYED FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_ STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ DATES EMPLOYED FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ HOURLY RATE/SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_ STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
\_\_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe: \_\_\_\_\_

To what job-related organizations (professional, trade, etc.) do you belong? You may exclude organizations which indicate race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

LIST ANY JOB-RELATED LICENSES, CERTIFICATES, etc. (Please include driver's license *only* if required to perform the functions of the position.)

DESCRIBE ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, etc. (You may exclude organizations which indicate race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

IS THERE ANY ADDITIONAL JOB-RELATED INFORMATION YOU WOULD LIKE US TO CONSIDER.

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## REFERENCES

Please give the names and telephone numbers of three business references. They should include previous supervisors or managers, coworkers, clients, or others who know your job performance. If not applicable, list three school or professional references who are not related to you.

1. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_
2. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_
3. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
POSITION \_\_\_\_\_ COMPANY \_\_\_\_\_

## **APPLICANT'S STATEMENT**

I certify that the information in the application form is true and correct to the best of my knowledge, and I agree to have any of the statements checked by the Company unless I have indicated otherwise. I authorize the references listed above, as well as all other individuals the Company contacts, to provide any and all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties from any and all liability for any damages that may result from furnishing such information to the Company, as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives.

I understand that any misrepresentation or omission by me in this application or any other form that I prepare or sign, may result in my failure to receive an offer of employment, or if I have been hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company as amended by the Company from time to time at its discretion. I understand that as a condition of initial and continued employment, the Company's dispute resolution procedure will be the recognized means of settling employment-related claims.

Employment with the Company is on an "at-will" basis and may be terminated by either the employee or the Company at any time with or without cause or notice. No commitment or other term of employment shall be inferred or otherwise assumed from any source whatsoever, written or oral. Employment for any specified duration shall not be valid or binding on the employee or Company unless it is expressly set forth in a written document and signed by the employee and by the President of the Company. Employment-at-will is a term and condition of employment and continued employment for all persons employed by the Company.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests, background clearance as required for specific positions, and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

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SIGNATURE OF APPLICANT

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DATE

### ***AN EQUAL OPPORTUNITY EMPLOYER***

*All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or disability, or any other status protected by applicable state or federal civil rights laws.*