

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor Schedule:	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor Schedule:	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor Schedule:	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name of Supervisor Schedule:	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

Describe or explain any other information you believe we should know about you (attach separate page if you wish). Also describe in your own words why you believe we should hire you:

I understand and agree that:

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment. I will voluntarily participate in occasional job-related training provided by the Company and accept the training received as full value for my time spent in training.
- It is my understanding that the company may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. I agree that use of business telephone is subject to monitoring by the company. If requested by the management at any time. I agree to submit to search of my person, vehicle, or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination or monitoring of communications. I authorize any physician or hospital to release any information which may be necessary to determine by ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company. I will submit to such medical examinations and tests as the Company deems necessary when requested, including drug testing.
- Although management makes every effort to accommodate individual preferences, business needs make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
- I will keep the Company's business, trade, processes, and practices CONFIDENTIAL. I further understand that this is an application for employment and that no employment contract is being offered.

I understand and agree that if I am employed, such employment is for an indefinite period of time (employment at will), and that the company can change wages, benefits and conditions at any time.

I have read and understand the above.

Date: _____ Signed _____