

2. Company Name	Location (Address)	Dates of Employment: From To
Type of Business	Supervisor's Name	Telephone . .
Job Title	Reason for Leaving	
Responsibilities		
3. Company Name	Location (Address)	Dates of Employment: From To
Type of Business	Supervisor's Name	Telephone . .
Job Title	Reason for Leaving	
Responsibilities		
4. Company Name	Location (Address)	Dates of Employment: From To
Type of Business	Supervisor's Name	Telephone . .
Job Title	Reason for Leaving	
Responsibilities		
May we contact the employers listed above? <input type="checkbox"/> YES <input type="checkbox"/> No		Date Available
If no, indicate which one(s) you do not wish us to contact and state the reason why not.		

REFERENCES (List persons known at least five years -- not friends or relatives)			
NAME	LOCATION (Address)	TELEPHONE	RELATIONSHIP
		. .	
		. .	
		. .	

AGREEMENT (Please Read Carefully)	
<p>I certify that all of the information given by me on this application or in supplemental form is true, correct, and complete to the best of my knowledge. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.</p> <p>I authorize and release the Company or its agents to contact, obtain, and verify information in this application from previous employers, educational institutions, and references. I authorize and release those organizations and individuals to provide and release information sought by the Company or its agents.</p> <p>I understand that the Company is an equal employment opportunity employer, including that it is the policy of the Company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of the individual's need for reasonable accommodation pursuant to the Americans with Disabilities Act, as amended. I understand and agree that I should report any violation of the Company's policies on equal employment opportunity and its policies prohibiting discrimination, harassment, and retaliation. If hired, I understand and agree I will comply with those policies and all applicable federal, state, or local law.</p> <p>I agree that if employed, employment with the Company is for no definite duration and may be terminated at will by either the Company or me. The Employee Handbook or other policies or procedures of the Company are not a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the Chief Operation Officer of the Company has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.</p> <p>This certifies that this application was completed by me, and that all entries on it and information in it are true, correct, and complete, to the best of my knowledge.</p>	
Signature of Applicant	Date