

ADDITIONAL ADDRESS FOR PAST 5 YEARS

1. ADDRESS	CITY	STATE	ZIP
2. ADDRESS	CITY	STATE	ZIP
3. ADDRESS	CITY	STATE	ZIP
4. ADDRESS	CITY	STATE	ZIP
5. ADDRESS	CITY	STATE	ZIP

EMPLOYMENT EXPERIENCE

Please list your job history starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing during that time. Include U.S. military experience (show rank/rate at discharge), summer/part-time jobs, and cooperative education assignments.

Current/Previous Employer	Street Address	City	State	Zip
Phone Number	Starting Pay/hr. \$	Ending Pay/hr. \$	Starting Position Title	Ending Position Title
Start Date: (Month/Year)	End Date: (Month/Year)	Supervisor's Name	Supervisor's Title	

Full-Time Part-Time If part-time, approximate number of hours/week worked: _____

May we contact your present employer? Yes No

Reason for leaving: _____

Describe responsibilities and/or accomplishments: _____

Previous Employer	Street Address	City	State	Zip
Phone Number	Starting Pay/hr. \$	Ending Pay/hr. \$	Starting Position Title	Ending Position Title
Start Date: (Month/Year)	End Date: (Month/Year)	Supervisor's Name	Supervisor's Title	

Full-Time Part-Time If part-time, approximate number of hours/week worked: _____

May we contact employer? Yes No

Reason for leaving: _____

Describe responsibilities and/or accomplishments: _____

Previous Employer	Street Address	City	State	Zip
Phone Number	Starting Pay/hr. \$	Ending Pay/hr. \$	Starting Position Title	Ending Position Title
Start Date: (Month/Year)	End Date: (Month/Year)	Supervisor's Name	Supervisor's Title	

Full-Time Part-Time If part-time, approximate number of hours/week worked: _____

May we contact employer? Yes No

Reason for leaving: _____

Describe responsibilities and/or accomplishments: _____

AUTHORIZATION

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 this application shall be grounds for dismissal.

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature: _____ Date: _____

Consumer Notification & Authorization

This is used to inform you that an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This report may contain information bearing on your character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your previous employers and/or references. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign.

I have been given a copy of this form.

Print Name _____

Signature _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changes (through marriage or otherwise) print former name here
