





## EMPLOYMENT HISTORY

1. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

2. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

3. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

4. Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Title & work performed \_\_\_\_\_  
\_\_\_\_\_  
Dates employed \_\_\_\_\_ Starting salary / wage rate \$ \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending salary / wage rate \$ \_\_\_\_\_

Attach additional pages if needed.

**REFERENCES**

1. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

2. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

3. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I certify that my answers on this application are true and complete and I authorize investigation of all statements I made in this application as may be needed in consideration of my employment for this position. This application shall be considered active for a period of up to 45 days. Any applicant wishing to be considered for employment beyond 45 days should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that unless otherwise defined by law, any employment relationship with Employer is of an "at will" nature, meaning that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Employer. If my employment is accepted, I understand that any false or misleading information given in my application or interviews may result in my discharge. I also understand that I'm required to abide by all rules and policies of Employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**HUMAN RESOURCES PERSONNEL ONLY**

Interview arranged  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_

Employment  Accepted  Denied Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee title \_\_\_\_\_ Starting pay \$ \_\_\_\_\_

Name and Title \_\_\_\_\_ Date \_\_\_\_\_