



**III. Employment History**

(List chronologically **every employer** during the past 10 years beginning with most current. Add sheets, if necessary. **Do Not Omit** any prior employment within this period.)

Date (MO/YR) (From -- To)	Name/Address/Phone of Employer	Last Position	Reason for Leaving

Explain any gaps in your work history that are longer than six months. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fired from a job or quit under threat of being fired? Yes \_\_\_ No \_\_\_ . If Yes, when? \_\_\_\_\_ Who was the employer? \_\_\_\_\_. What reason did the employer give you for your dismissal or forced resignation? \_\_\_\_\_

\_\_\_\_\_

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months: \_\_\_\_\_

\_\_\_\_\_

Who should we contact to confirm current employment data? \_\_\_\_\_

Can we talk to your current employer now, or only if you are hired?      Name / Title / Telephone #  
Now \_\_\_\_\_ Only if hired \_\_\_\_\_

Have you ever been employed by us before? Yes \_\_\_ No \_\_\_ . If "Yes" please state the positions held, period of employment and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**IV. Education**

School	Name and Location	Graduated? Y/N	Major Subjects
High School			
College			
Technical or Graduate School			

What special training or skills do you have for this job position? \_\_\_\_\_

\_\_\_\_\_

**V. Criminal Record**

Have you been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a crime or subjected to court martial? (Do not include crimes for which public records are sealed or have been expunged ) Yes\_\_ No \_\_. If "Yes," identify nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed.

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If you are presently charged with committing a criminal offense, identify nature of offense, county and state where charges are pending, and status of the charges:\_\_\_\_\_

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**VI. Illegal Drugs.** Within the past 60 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician? Yes\_\_ No \_\_.

**VII. Personal References (no relatives)**

Name	Address/Phone	Relationship/ Years Acquainted

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**PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record, and to obtain a consumer report regarding me. I agree to assist Employer in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. I will submit to and pass any drug test required by Employer as a condition of employment. **All employment with Employer is at-will, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer.** I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer’s right to terminate employment at will. I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with Employer. I certify that I am submitting this application because of a good faith desire for employment with Employer. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date