



Employer _____		
Address _____	City _____	State/Zip _____
Supervisor's Name: _____	Phone: _____	
Dates Employed: _____	Salary (Begin/End): _____	
Describe Work Done: _____	Reason for Leaving: _____	

Employer _____		
Address _____	City _____	State/Zip _____
Supervisor's Name: _____	Phone: _____	
Dates Employed: _____	Salary (Begin/End): _____	
Describe Work Done: _____	Reason for Leaving: _____	

Employer _____		
Address _____	City _____	State/Zip _____
Supervisor's Name: _____	Phone: _____	
Dates Employed: _____	Salary (Begin/End): _____	
Describe Work Done: _____	Reason for Leaving: _____	

**REFERENCES** (Give below the names of three persons not related to you whom you have known at least one year and have worked with.)

Name _____	Business _____	Phone _____
Address _____	City _____	State/Zip _____
Name _____	Business _____	Phone _____
Address _____	City _____	State/Zip _____
Name _____	Business _____	Phone _____
Address _____	City _____	State/Zip _____

**Please read statements below and sign below that you acknowledge these statements.**

- I understand that, if hired, I will be placed in a 90 day Introductory Period. I further understand that if I am terminated for unsatisfactory work performance within the 90 day Introductory Period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.
- I certify that all information given on this employment application, any resume that I submit to the company, and any related papers and answers given during oral interviews are true and correct. I understand that the Board may make a thorough investigation of my work, criminal background, and personal history. I authorize the giving and receiving of any such information request by the Board during the course of an investigation. I understand the falsification of any information given by me may eliminate me from the hiring process or subject me to immediate dismissal. I hereby release from liability all persons who provide information to the Board during the course of any such investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_