

FORMER EMPLOYERS (start with the current or most recent employer)

Dates of Employment From / To	Name and Address of Employer	Position and Duties	Starting Salary	Ending Salary	Reason for Leaving

REFERENCES (do not list relatives or former employers)

Name	Address and Telephone No.	Business	Years Acquainted

Certification by Applicant

By signing name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information, may result in my discharge.

I understand that I will be required to pass a physical examination, a drug test, a background check, and driving record review before a final offer of employment is made. By signing my name below, I consent to these procedures.

Rev. 10/2015

Signature of Applicant: _____

Interviewer Comments:

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