



## CURRENT AND FORMER EMPLOYEES

(List most recent employer first.)

1.

\_\_\_\_\_  
Name of Company Position

\_\_\_\_\_  
Address of Company City, State Zip Code

\_\_\_\_\_  
Phone Number of Company      \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Dates of Employment

If no longer employed here, what is your reason for leaving?  
\_\_\_\_\_

Wage: \$\_\_\_\_\_ May we check with this employer? Yes No

Immediate Supervisor \_\_\_\_\_

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2.

\_\_\_\_\_  
Name of Company Position

\_\_\_\_\_  
Address of Company City, State Zip Code

\_\_\_\_\_  
Phone Number of Company      \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Dates of Employment

If no longer employed here, what is your reason for leaving?  
\_\_\_\_\_

Wage: \$\_\_\_\_\_ May we check with this employer? Yes No

Immediate Supervisor \_\_\_\_\_

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3.

\_\_\_\_\_  
Name of Company Position

\_\_\_\_\_  
Address of Company City, State Zip Code

\_\_\_\_\_  
Phone Number of Company      \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Dates of Employment

If no longer employed here, what is your reason for leaving?  
\_\_\_\_\_

Wage: \$\_\_\_\_\_ May we check with this employer? Yes No

Immediate Supervisor \_\_\_\_\_

## PERSONAL REFERENCES

Give the names of two people, not related to you, whom you have known for at least one year, and whom we may call for a personal reference.

1. \_\_\_\_\_  
Name (First, Last) Phone Number Years Acquainted

What is your relationship to this reference? \_\_\_\_\_

2. \_\_\_\_\_  
Name (First, Last) Phone Number Years Acquainted

What is your relationship to this reference? \_\_\_\_\_

## UNDERSTANDING

I authorize investigation of all statements contained in this application form, if I am considered for employment. I also understand that misrepresentation or omission of the facts called for herein or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's service. If any of the facts called for herein change during the course of employment, this may be sufficient cause for reassignment or dismissal from the company's service. I further understand that this policy cannot be changed except in writing.

I understand that my employment can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself.

Proof of right to work and identity will be required if selected for hire.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date