



**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Related Skills, Certification, Licenses (typing, driver's license, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS** List below your last three employers, starting with the last one first.

Date Month and Year	Name, Address and Telephone of Employer	Name of Supervisor	Salary (upon leaving)	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

This Application shall remain in effect for six (6) months from its submission.

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

**PERSONAL INFORMATION in this section is required only after employment for personnel records.**

Number of Dependents \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Are you a "special disabled veteran" or "Veteran of the Vietnam Era"? \_\_\_\_\_

Person to Notify in Case of emergency: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Spouse (if any): \_\_\_\_\_ Spouse's employer \_\_\_\_\_ Phone: \_\_\_\_\_

Personal physician: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_