

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____
NAME

ADDRESS: _____ PHONE: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: _____ DEPT: _____ POSITION: _____ START DATE: _____ SALARY: _____

APPROVALS:

1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER EMPLOYMENT HEAD GENERAL MANAGER