

FORMER EMPLOYERS List below last four employers, starting with last one first.

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE RATE	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				

REFERENCES Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS/TELEPHONE	POSITION/BUSINESS	YEARS ACQUAINTED

List names of any relatives previously employed here: _____

*I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, INCOMPLETE, FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL AT ANY TIME IN THE FUTURE. I UNDERSTAND THIS APPLICATION BECOMES PART OF MY OFFICIAL EMPLOYMENT RECORD, IF HIRED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO AUTHORIZE YOU TO OBTAIN INFORMATION REGARDING MY RECORD FROM THE BUREAU OF MOTOR VEHICLES IF THE JOB FOR WHICH I AM APPLYING WILL REQUIRE DRIVING AS A PART OF MY JOB DUTIES.

I UNDERSTAND THAT PURSUANT TO THE COMPANYS JOB APPLICATION PROCESS I MAY BE REQUIRED TO UNDERGO DRUG TESTING. I FURTHER UNDERSTAND THAT IF I REFUSE TO TAKE OR FAIL THE DRUG TEST, I AM DISQUALIFIED FROM FURTHER EMPLOYMENT CONSIDERATION. I HEREBY KNOWINGLY AND VOLUNTARILY CONSENT TO THE COMPANYS REQUEST TO UNDERGO DRUG TESTING. I FURTHER RELEASE THE COMPANY AND ITS OFFICERS, AGENTS, REPRESENTATIVES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITY FOR DAMAGES ASSOCIATED WITH OR ARISING FROM MY SUBMISSION TO THESE TESTS.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO COMPANY RULES, REGULATIONS AND POLICIES, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, FOR ANY REASON, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OFFICER OR REPRESENTATIVE OF THE COMPANY OR ANY OTHER ENTITY OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR PROVIDING WORK FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING OTHER THAN THE PRESIDENT AND THEN ONLY IN WRITING. I UNDERSTAND THAT NO PROMISE OF A BENEFIT IS BINDING UNLESS MADE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Company or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly waive any statute of limitations to the contrary.

READ, UNDERSTOOD AND AGREED.

Date _____

Signature _____