



May we contact your present and/or former employers?  Yes  No If no, state why: \_\_\_\_\_

**EMPLOYMENT RECORD**

Please list each company/organization you have worked for during the past seven years. Show your most recent position first and account for all periods of unemployment. Use additional sheets if necessary.

**This section, including salary history, must be completed or the application will be considered incomplete. If you include a resume you may indicate "see resume" only in the space next to "Duties".**

<b>1</b>  <b>M</b> <b>O</b> <b>S</b> <b>T</b>  <b>R</b> <b>E</b> <b>C</b> <b>E</b> <b>N</b> <b>T</b>	Employer: _____	FROM	TO	Annual Salary	Starting \$ _____
	Street Address: _____	Mo Yr	Mo Yr		Final \$ _____
	City: _____ State: _____ Zip: _____	_____	_____	-- OR --	
	Phone: ( ) _____			<input type="checkbox"/> Monthly	Starting \$ _____
	Job Title: _____			<input type="checkbox"/> Weekly	
	Duties: _____			<input type="checkbox"/> Monthly	Final \$ _____
	_____	Name and title of immediate supervisor: _____			
_____	Reason for leaving: _____				

NOTE: Salary should not include overtime, bonus, etc.

<b>2</b>	Employer: _____	FROM	TO	Annual Salary	Starting \$ _____
	Street Address: _____	Mo Yr	Mo Yr		Final \$ _____
	City: _____ State: _____ Zip: _____	_____	_____	-- OR --	
	Phone: ( ) _____			<input type="checkbox"/> Monthly	Starting \$ _____
	Job Title: _____			<input type="checkbox"/> Weekly	
	Duties: _____			<input type="checkbox"/> Monthly	Final \$ _____
	_____	Name and title of immediate supervisor: _____			
_____	Reason for leaving: _____				

<b>3</b>	Employer: _____	FROM	TO	Annual Salary	Starting \$ _____
	Street Address: _____	Mo Yr	Mo Yr		Final \$ _____
	City: _____ State: _____ Zip: _____	_____	_____	-- OR --	
	Phone: ( ) _____			<input type="checkbox"/> Monthly	Starting \$ _____
	Job Title: _____			<input type="checkbox"/> Weekly	
	Duties: _____			<input type="checkbox"/> Monthly	Final \$ _____
	_____	Name and title of immediate supervisor: _____			
_____	Reason for leaving: _____				



**PROFESSIONAL REFERENCES (current or former supervisors preferred, do not include relatives or personal references)**

1. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

2. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

3. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**SKILLS**

1. Typing (words per minute) \_\_\_\_\_

2. Computer: \_\_\_\_\_  
\_\_\_\_\_

3. Languages other than English (speak, read, write): \_\_\_\_\_  
\_\_\_\_\_

Are you subject to any confidentiality or non-disclosure obligations as a result of your current or prior employment?  Yes  No

**DECLARATION BY THE APPLICANT**

I understand that any misrepresentation or omission of facts made on this application is grounds for termination.

As all applicants are subject to extensive background checks and random drug testing, I authorize all law enforcement agencies, educational institutions and employers to furnish the company or a third party with information concerning me and I hereby release each of those contacted and the company from liability for damages caused by reason of compliance.

By signing this application I acknowledge that, if hired, I will be required to sign the appropriate full-time or part-time employment contract. I recognize that this employment relationship can only be altered specifically in writing and otherwise is not affected by any other oral or written statements made directly or indirectly to me either during the hiring process, by my supervision or through company publications which include statements of personnel policy.

I recognize that if offered employment, any such offer is subject to the condition that I am able to present satisfactory evidence as to both my identity and eligibility to work in the United States, and the verification of my academic degrees.

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