
COMPANY NAME: _____ JOB TITLE: _____

ADDRESS, CITY, STATE, ZIP CODE _____

SUPERVISOR'S NAME: _____ EMPLOYED: FROM _____ TO: _____

PHONE #: _____ RATE OF PAY: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF THEFT OR FRAUD OR A VIOLENT CRIME?

_____ YES _____ NO

REFERENCES: LIST TWO PEOPLE (NO RELATIVES) FOR WHOM WE MAY CONTACT FOR REFERENCE, IF NECESSARY

NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE #: _____

AVAILABILITY:

EARLIEST TIME:

LATEST TIME:

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

THE COMPANY IN CONSIDERING MY APPLICATION FOR EMPLOYMENT MAY VERIFY THE INFORMATION SET FORTH ON THIS APPLICATION, AND OBTAIN ADDITIONAL BACKGROUND INFORMATION RELATING TO MY BACKGROUND. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, CREDIT BUREAUS AND LAW ENFORCEMENT AGENCIES TO SUPPLY ANY INFORMATION CONCERNING MY BACKGROUND. I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT ANY MISREPRESENTATION OF ANY INFORMATION WILL RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR IF EMPLOYED, DISMISSAL. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT, OFFER OR PROMISE OF EMPLOYMENT AND THAT IF HIRED I WILL BE ABLE TO RESIGN AT ANY TIME, FOR ANY REASON. LIKEWISE, THE COMPANY CAN TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT THERE IS A NO TOLERANCE POLICY FOR THE USE OF DRUGS AND THAT I WILL BE TERMINATED UPON USAGE.

SIGNATURE

DATE: