

FORMER EMPLOYER

List below last four employers starting with last one first:

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No
 Please describe: _____

In case of Emergency Notify _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, Falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and other information concerning my previous employment and any pertinent information they may have. Personal or otherwise, and refuse all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no define period and may, regardless of the date of payment of my wages and salary, be terminated any time without any prior notice."

Date: _____ Signature: _____

-----DO NOT WRITE BELOW THIS LINE -----

Interviewed by: _____ Date: _____

Hired: Yes No Position: _____ Dept.: _____

Salary/Wage _____ Date Reporting to Work: _____

Approved 1 2 3

EMPLOYMENT

DEPT. HEAD

GENERAL MANAGER