

EMPLOYMENT HISTORY

List your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you.

Dates Employed	Name of Employer:		
From To Mo./Yr. Mo./Yr.	Address:		
Salary	Job Title:		
Start _____			
Finish _____	Name of Supervisor:	May We Contact: Yes No	

Briefly describe your job duties and work experience: _____

Reason for Leaving: _____

Dates Employed	Name of Employer:		
From To Mo./Yr. Mo./Yr.	Address:		
Salary	Job Title:		
Start _____			
Finish _____	Name of Supervisor:	May We Contact: Yes No	

Briefly describe your job duties and work experience: _____

Reason for Leaving: _____

Dates Employed	Name of Employer:		
From To Mo./Yr. Mo./Yr.	Address:		
Salary	Job Title:		
Start _____			
Finish _____	Name of Supervisor:	May We Contact: Yes No	

Briefly describe your job duties and work experience: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES

Give the names of three persons not related to you, whom you have known professionally at least three years.

Name	Address	Telephone Number	Years Known
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APPLICANT'S STATEMENT

I understand that my employment may be terminated with or without reason or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related drug and alcohol tests and authorize the qualified testing facility to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related drug and alcohol testing.

I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take such a test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

Date

Applicant's Signature