

Employment History Continued

Employer Name:	Dates Employed (Mo/Yr) From: _____ To: _____	Job Description / Responsibilities
Address/City/State/Zip Code	Hourly Rate / Salary Starting: _____ Final: _____	
Telephone Number(s)	Employment Status Full Time Part Time	
Supervisor's Name Your Title	Were You Ever Disciplined? Yes No	
Reason For Leaving	How Many Days Notice Given Before Leaving?	

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Additional Information

In addition to your work history, list any other job-related experiences, skills, or qualification you would like us to consider.

Additional References

List names and telephone numbers of three work or professional references who are not related to you and who are not listed as references in the Employment History.

Name	() Work Phone	() Home Phone	Years Known
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AUTHORIZATIONS: Applicant, please read, provide the information requested and sign.

Drug Testing

I understand if required by Company policy that all prospective employees must submit to a controlled substance test upon a conditional offer of employment. A urine specimen will be collected at a collection site selected by the company and tested for controlled substances at a DHHS/SAMSHA-certified laboratory. I understand that if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.

I hereby agree to voluntarily submit to a controlled substance test and further understand that if said test is verified as positive, that I will be considered unqualified for employment by the Company.

Applicant's Signature:

Parent's Signature (if applicant is a minor):

Employment Verification and Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background to the company.

I understand that employment with the company is "at will", which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the president, has any authority to alter the foregoing.

I understand that this application is kept on file for one year. I have read, understood and have agreed to all of the statements above

Signature As Shown On Social Security Card

Date of Application

Print Name As Shown On Social Security Card