



**Employment History Continued**

<b>Employer Name:</b>	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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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?	

**Additional Information**

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

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**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
Name	(      ) Work Phone	(      ) Home Phone	Years Known
Name	(      ) Work Phone	(      ) Home Phone	Years Known

**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if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.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
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Print Name As Shown On Social Security Card