
EMPLOYMENT HISTORY:

COMPANY NAME	JOB TITLE
ADDRESS	DATES EMPLOYED
SUPERVISOR	HOURLY PAY START: _____ LAST: _____
TELEPHONE NUMBER	REASON FOR LEAVING

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REFERENCES:

PLEASE GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	PHONE #	OCCUPATION

WHAT LANGUAGES DO YOU SPEAK FLUENTLY? _____**DO YOU HAVE ANY SPECIAL SKILLS OR TRAINING THAT MAY BE USEFUL WITH THE POSITION THAT YOU ARE APPLYING FOR?** _____**WHY SHOULD WE CONSIDER YOU FOR THIS POSITION?** _____

APPLICANT'S SIGNATURE:**PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for immediate termination of employment.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications. I give full consent to any company or individual to give any and all information they wish to reveal about my employment history, character, and qualifications, and I hereby waive my right to bring any cause of action against these individuals or companies for defamation, invasion of privacy, or any other reason because of their statements.

I understand that a police background check may be done at any time after the receipt of this application for employment, and that results of such check which are deemed unsatisfactory by the Company will result in my dismissal.

I agree that if I am employed, I will abide by the rules, regulations, and policies of the Company.

I understand that the taking of the drug and alcohol test, when given pursuant to company policy, are a condition of continued employment and refusal to take such test when asked will be grounds for my immediate termination.

I understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I further understand that my employment with the Company is "at-will" and may be terminated at any time by myself or by the company for any reason, with or without notice.

Signature of Applicant

Date