

Employment Experience:

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Please give accurate and complete full/part-time employment record. Start with present or most recent employer first. Use the back page of this application if necessary. Please explain any gaps in employment. *“See Resume” not acceptable.*

<u>Company Name:</u> _____ <u>Address:</u> _____ <u>Name of Supervisor:</u> _____ <u>State Job Title and Responsibilities:</u> _____ _____ _____	<u>Telephone:</u> _____ <u>Employed From:</u> _____ to _____ <u>Salary/Wages</u> Start: _____ Finish: _____ <u>Reason for Separation:</u> _____ _____ _____
<u>Company Name:</u> _____ <u>Address:</u> _____ <u>Name of Supervisor:</u> _____ <u>State Job Title and Responsibilities:</u> _____ _____ _____	<u>Telephone:</u> _____ <u>Employed From:</u> _____ to _____ <u>Salary/Wages</u> Start: _____ Finish: _____ <u>Reason for Separation:</u> _____ _____ _____
<u>Company Name:</u> _____ <u>Address:</u> _____ <u>Name of Supervisor:</u> _____ <u>State Job Title and Responsibilities:</u> _____ _____ _____	<u>Telephone:</u> _____ <u>Employed From:</u> _____ to _____ <u>Salary/Wages</u> Start: _____ Finish: _____ <u>Reason for Separation:</u> _____ _____ _____
<u>Company Name:</u> _____ <u>Address:</u> _____ <u>Name of Supervisor:</u> _____ <u>State Job Title and Responsibilities:</u> _____ _____ _____	<u>Telephone:</u> _____ <u>Employed From:</u> _____ to _____ <u>Salary/Wages</u> Start: _____ Finish: _____ <u>Reason for Separation:</u> _____ _____ _____

Note that all the employers listed above will be contacted unless the applicant indicates differently.

Are there any employers above whom you do not wish for us to contact? Yes No

If yes, please indicate employer and reason: _____

If not addressed above, have you ever been fired, or asked to resign from a job? Yes No

If yes, please provide details: _____

Skills and Qualifications:

Please summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Have you ever received a penalty, suspension, sanction or other form of disciplinary action against a professional license?

Yes No If yes, please explain: _____

Education:

Name and Location	Years Completed	Did you graduate?	Degree earned (Major)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying: _____

References:

List below the names of three persons, not related to you, whom you have known for at least one year.

Name:	Address & Phone	Business	Years known:

Please list below any additional information you wish us to have that you believe will help us determine your suitability for the position for which you are applying: _____

Do you smoke, use smokeless tobacco or other nicotine-containing products? Yes No

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and the company or I may withdraw any offer of employment without prior notice. I also understand that my employment is at will. This means I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen.

Electronic Signature: _____ **Date:** _____ **Social Security #:** _____

The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.