

Employment References:

Most recent employer: ___ Yes ___ No Are you currently working for this employer? If yes, may we contact them? _____

Company Name City State Phone Number

Dates Employed Job Title Supervisor

Duties _____

Salary Earned Reason for Leaving _____

Second most recent employer:

Company Name City State Phone Number

Dates Employed Job Title Supervisor

Duties _____

Salary Earned Reason for Leaving _____

Third most recent employer:

Company Name City State Phone Number

Dates Employed Job Title Supervisor

Duties _____

Salary Earned Reason for Leaving _____

References: Include only individuals familiar with your work ability. Do not include relatives.

1. _____
Name and Address Phone Years Known/Relationship
2. _____
Name and Address Phone Years Known/Relationship
3. _____
Name and Address Phone Years Known/Relationship

Comments: _____

Certification & Release: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement agencies from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature Date