

## PREVIOUS EMPLOYMENT

List below your last four employers, starting with most recent

Start Date End Date	Employer's Name and Address	Supervisor's Name Phone	Ending Salary	Position	Reason for Leaving

## REFERENCES

List below 3 persons, not related to you, whom you have known at least one year.

Name	Address	Phone #	Years Known
1			
2			
3			

If you are to be hired by the organization, you will be required to attest to, and present documents confirming, your identity and employment eligibility. You cannot be hired if unable to comply with these requirements.

**Have you ever been convicted of a crime?**       Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

I certify that the facts contained in this Application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the organization.

I understand and agree that nothing contained in this Application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the discretion of the organization. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding on the organization unless made in writing. I understand that filling out this application does not indicate that there is a position open, and does not obligate the organization to hire.

If I am offered employment, I agree to submit to a drug test at any time deemed appropriate by the organization and as allowed by law. I consent to such tests, and I request that the results of the tests be disclosed to the organization, which results shall remain confidential and segregated from my personnel file. I understand that my employment, to the extent permitted by law, is conditional and dependent upon satisfactory drug tests and background checks. If I am hired, a condition of my employment will be that I abide by the organization's Drug and Alcohol Policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_