

**Former Employers** LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING LAST ONE FIRST.

Dates From—To	Name and Location	Phone Number	Supervisor	Salary	Position	Reason for Leaving	May we Contact?

**References:** Please list below the names of three persons, NOT RELATED TO YOU, whom you have known at least one year.

Name                      Contact Number                      Location                      Business                      Years Known

- 1.
- 2.
- 3.

**Physical Record:**

List any physical defects: \_\_\_\_\_

Were you ever injured? \_\_\_\_\_ When? \_\_\_\_\_ Explain \_\_\_\_\_

Are you taking any medications or have any conditions that would interfere with the position you are applying for? \_\_\_\_\_

Please explain: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: Name \_\_\_\_\_ Number \_\_\_\_\_

**I HEREBY STATE ALL THE INFORMATION PROVIDED ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ANY INFORMATION LISTED, AND I UNDERSTAND THAT ANY MISREPRESENTATION OF THIS APPLICATION IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINATE PERIOD OF TIME AND REGARDLESS OF DATE OF PAYMENT FOR MY WAGES AND SALARY, MAY BE TERMINATED OR SUSPENDED AT ANY TIME WITHOUT AND PREVIOUS NOTICE.**

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**\*DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY\***

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIRED \_\_\_\_\_ DATE \_\_\_\_\_ POSITION \_\_\_\_\_ SALARY \_\_\_\_\_

Approved for Employment—Employment Manager Signature \_\_\_\_\_