



**WORK HISTORY:**

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Employer:	Telephone :	Supervisor's Name:
Type of Business:	Address:	
Your Job Title:	Dates of Employment: (indicate months and years) From:                      To:	Average Hours Worked Per Week?
Duties:		
Monthly Salary:	Reason for Leaving:	
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Duties:		
Monthly Salary:	Reason for Leaving:	

**REFERENCES:**

Name:	Relationship:	Telephone:	Years Known:

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I acknowledge that this employment application and other employment related documents are not contracts for employment and that either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on the application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.