

WORK EXPERIENCE			
Name of Employer	Name of Last Supervisor	Employment Dates	Pay/ Salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Last Position Held		
Reason For Leaving (be specific)			
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company			

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REFERENCES	PLEASE LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST ONE YEAR		
NAME	BUSINESS ADDRESS	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing , unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE _____

DATE _____