

PROFESSIONAL LICENSURE, REGISTRATION OR CERTIFICATION

STATE	TYPE	NUMBER	DATE OF EXPIRATION

EMPLOYMENT HISTORY

INDICATE ALL EMPLOYERS BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER. CONTINUE ON A SEPARATE SHEET, IF NECESSARY.

EMPLOYED FROM	TO
COMPANY NAME	PHONE NO.
COMPLETE ADDRESS	
STARTING POSITION	SALARY
FINAL POSITION	SALARY
NAME OF SUPERVISOR	
LIST MAIN DUTIES PERFORMED	
REASON FOR LEAVING	

EMPLOYED FROM	TO
COMPANY NAME	PHONE NO.
COMPLETE ADDRESS	
STARTING POSITION	SALARY
FINAL POSITION	SALARY
NAME OF SUPERVISOR	
LIST MAIN DUTIES PERFORMED	
REASON FOR LEAVING	

EMPLOYED FROM	TO
COMPANY NAME	PHONE NO.
COMPLETE ADDRESS	
STARTING POSITION	SALARY
FINAL POSITION	SALARY
NAME OF SUPERVISOR	
LIST MAIN DUTIES PERFORMED	
REASON FOR LEAVING	

MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO

HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM EMPLOYMENT? ___ YES ___ NO

IF YES, PLEASE EXPLAIN

REFERENCES

PLEASE PROVIDE PROFESSIONAL REFERENCES. NO FAMILY MEMBERS PLEASE.

NAME	PHONE NO.
COMPLETE ADDRESS	
NAME	PHONE NO.
COMPLETE ADDRESS	
NAME	PHONE NO.
COMPLETE ADDRESS	

PLEASE READ CAREFULLY

I certify that all of the answers and information given by me in this application are true, accurate and complete without qualification. If I am hired, I understand that if the Company at any time determines that any of the requested information was withheld by me or any of the statements furnished above were false, inaccurate or misleading, I will be subject to immediate dismissal once the facts become known.

I authorize investigation of all information contained in this application as may be necessary in arriving at an employment decision with the appropriate individuals, companies, institutions, or agencies, and authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure and hereby release you and them from any liability whatsoever as the result of such inquiries and disclosures. I understand that employment arising out of this application is contingent upon the results of this investigation. I release any employer from any obligation to provide me with written notification of any information disclosed.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company such employment will not result in a contract for employment and that the Company may terminate my services at will at anytime for any reason or no reason at all. I further recognize that if I am employed by the Company I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by the Company with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by the Company. I recognize I will be required to work overtime as needed.

I understand that I may be required to take a pre-employment physical exam and drug screen paid for by the Company. Additionally, I recognize that if hired, I may be required to take drug tests and I consent to such drug tests as may be required by the Company.

I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT ALTERING THE TERMINABLE AT WILL NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE CHIEF EXECUTIVE OFFICER OF THE COMPANY.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

DATE

SIGNED