



\* DO NOT LIST ANY GROUP, WHICH MAY REVEAL YOUR RACE, RELIGION, NATIONAL ORIGIN, CREED, and COLOR OR SEX \*

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_ HIGHEST RANK \_\_\_\_\_

DATES OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ DATE OF SEPARATON \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

FROM	TO	EMPLOYER	
MO/YR	MO/YR	(GIVE DETAILED INFORMATION)	
		NAME	
		ADDRESS	
		CITY & STATE	
		TELEPHONE#	
FROM	TO	EMPLOYER	
MO/YR	MO/YR	(GIVE DETAILED INFORMATION)	
		NAME	
		ADDRESS	
		CITY & STATE	
		TELEPHONE#	
FROM	TO	EMPLOYER	
MO/YR	MO/YR	(GIVE DETAILED INFORMATION)	
		NAME	
		ADDRESS	
		CITY & STATE	
		TELEPHONE#	
FROM	TO	EMPLOYER	
MO/YR	MO/YR	(GIVE DETAILED INFORMATION)	
		NAME	
		ADDRESS	
		CITY & STATE	
		TELEPHONE#	
FROM	TO	EMPLOYER	
MO/YR	MO/YR	(GIVE DETAILED INFORMATION)	
		NAME	
		ADDRESS	
		CITY & STATE	
		TELEPHONE#	

JOB TITLE & SUPERVISOR	EARNINGS	REASON FOR LEAVING

JOB TITLE & SUPERVISOR	EARNINGS	REASON FOR LEAVING

JOB TITLE & SUPERVISOR	EARNINGS	REASON FOR LEAVING

JOB TITLE & SUPERVISOR	EARNINGS	REASON FOR LEAVING

JOB TITLE & SUPERVISOR	EARNINGS	REASON FOR LEAVING

LIST THREE PROFESSIONAL REFERNCES (NO RELATIVES)

	NAME	COMPANY / RELATIONSHIP	ADDRESS	TELEPHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PARTY TO BE NOTIFIED IN CASE OF EMERGENCY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ COMPANY \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

I UNDERSTAND THAT MY EMPLOYMENT WITH THIS COMPANY WILL INITIALLY BE ON A 90-DAY PROBATIONARY BASIS. IF EMPLOYED BY THIS COMPANY, I WILL ABIDE BY ITS RULES AND REGULATIONS AS AMENDED BY THE COMPANY WITHOUT NOTICE. I AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, NOR ARE ANY EXPRESS OR IMPOLED CONDITIONS A PART OF MY EMPLOYMENT RELATIONSHIP. I UNDERSTAND THAT ONLY THE CORPORATE OFFICERS OR MANAGERS CAN ENTER INTO ANY AGREEMENT OF EMPLOYMENT, WRITTEN OR ORAL. CONTRARY TO THE FOREGOING AND, THAT I ALSO AGREE TO PHYSICAL AND MEDICAL EXAMINATIONS AT ANY TIME AT THE OPTION OF THE COMPANY. I ALSO AGREE THAT THE EXAMINING PHYSICIAN MAY DISCLOSE TO THE COMPANY OR ITS REPRESENTATIVES THE RESULTS OF SUCH EXAMINATIONS. I GIVE PERMISSION TO CONTACT ALL OR ANY OF MY PREVIOUS EMPLOYERS AND REFERENCES FOR FULL INFORMATION AND THAT AN OFFICER OF EMPLOYMENT IS CONTINGENT UOPN A SATISFACTORY CHECK OF THIS INFORMATION. ALL OF THE FOREGOING I HAVE SUPPLIED IN THIS APPLICATION IS A FULL AND COMPLETE STATEMENT OF THE FACTS, AND IT IS UNDERSTOOD THAT IF ANY FALSIFICATION BE DISCOVERED, IT WILL CONSTITUTE GROUNDS FOR DISMISSAL UPON DISCOVERY THEREOF.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_