



**FORMER EMPLOYERS** LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE #	BUSINESS	YEARS ACQUAINTED
1					
2					
3					

IN CASE OF EMERGENCY, NOTIFY:

NAME		
ADDRESS	CITY	PHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES FROM ALL LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

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

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This form complies with the provisions of the Americans with Disabilities Act and final regulations and interpretive guidance promulgated by the EEOC on July 126, 1999.

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

HIRED YES  NO  DATE REPORTING TO WORK \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

REVIEW DATES 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

APPROVED BY \_\_\_\_\_

HR MANAGER

DEPT. HEAD

MANAGER