



## EMPLOYMENT HISTORY (Start with most recent)

Dates of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Positions held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary &amp; Title: \_\_\_\_\_ Ending Salary &amp; Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes No

Dates of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Positions held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary &amp; Title: \_\_\_\_\_ Ending Salary &amp; Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes No

Dates of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Positions held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary &amp; Title: \_\_\_\_\_ Ending Salary &amp; Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes No

By signing below, I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal, once discovered. I authorize investigation of all statements contained in this document and the references and employers listed above to give you any 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 specific 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 and other relevant federal and state laws.

Signature \_\_\_\_\_ Date: \_\_\_\_\_