

How were you referred to the company?

___ Employment Agency ___ Friend ___ Walked In ___ Newspaper Advertisement
___ State Employment Office ___ Other (please specify) _____

Certain jobs may require working overtime and on weekends. Are you available for such hours of work? Yes ___ No ___

3. EMPLOYMENT HISTORY

Last Employer:

Company Name: _____

Address: _____

City State Zip

Phone: _____ Dates Employed: _____ to _____

Job Title: _____

Starting Pay: _____ Ending Pay: _____

Reason for leaving or desiring change: _____

Immediate Supervisor: _____

Describe duties and responsibilities: _____

Previous Employer:

Company Name: _____

Address: _____

City State Zip

Phone: _____ Dates Employed: _____ to _____

Job Title: _____

Starting Pay: _____ Ending Pay: _____

Reason for leaving or desiring change: _____

Immediate Supervisor: _____

Describe duties and responsibilities: _____

Previous Employer:

Company Name: _____

Address: _____

City State Zip

Phone: _____ Dates Employed: _____ to _____

Job Title: _____

Starting Pay: _____ Ending Pay: _____

Reason for leaving or desiring change: _____

Immediate Supervisor: _____

Describe duties and responsibilities: _____

READ BEFORE SIGNING

I certify that the information on this application is complete, true and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all pertinent information, personal or otherwise. I release all parties from liability or any damage that may result from furnishing the same to you.

I further understand that the company is an "at-will" employer. That means either I or the company may terminate the employment relationship, with or without notice, for any reason or no reason at any time. The at-will relationship may not be modified by oral or written statements by anyone at the company except by the General Manager acting through signed written agreement.

Date: _____ Signature: _____