

<b>1</b>	Employer _____ From _____ To _____ Address _____ Your Position _____ Wages _____ per _____ Immediate Supervisor _____ Title _____ Phone Number ( _____ ) _____ Your reason for leaving _____
<b>2</b>	Employer _____ From _____ To _____ Address _____ Your Position _____ Wages _____ per _____ Immediate Supervisor _____ Title _____ Phone Number ( _____ ) _____ Your reason for leaving _____
<b>3</b>	Employer _____ From _____ To _____ Address _____ Your Position _____ Wages _____ per _____ Immediate Supervisor _____ Title _____ Phone Number ( _____ ) _____ Your reason for leaving _____

**REFERENCES :** GIVE BELOW THE NAMES , ADDRESSES AND PHONE NUMBERS OF TWO PERSONS: 1) NOT RELATED TO YOU AND 2) NOT A FORMER EMPLOYER

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business or relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business or relationship \_\_\_\_\_

Applicant hereby understands and represents:

- (a) Applicant represents that the statements and information set forth herein are true, correct and complete and understands that the employer will rely on said information in order to make a decision of whether or not to employ Applicant. Applicant may be rejected for employment or Employer may terminate any employment offered or commenced, among other reasons, if it appears any statement or information is untrue or incomplete.
- (b) If a conditional offer of employment is made by Employer or if applicant is employed, applicant shall be required to furnish applicant's social security number and that applicant is legally authorized to work in the United States. Following a conditional offer of employment made to Applicant, Applicant may be required to submit to a medical examination as to work related abilities or conditions if required of all other persons conditionally offered employment. If employed, applicant may thereafter be required to furnish medical history and prior illness or injury information sufficient to permit Employer to register for benefits or protection under the Workers' Compensation Second Injury Fund, and other personal information required or permitted by law.
- (c) Applicant acknowledges that if employed by Employer, Applicant shall be at all times an employee at will, and such employment may be terminated or suspended at any time by Employer, with or without cause, or for no cause whatsoever, in the sole discretion of Employer for any reason not specifically precluded by applicable law. Neither the acceptance of this application nor an offer of employment, nor the employment of Applicant shall constitute or be construed as a promise, agreement, or commitment of Employer of continuing employment of Applicant. If employed, Applicant shall be required to comply with all proper Employer policies, rules and instructions, and employer reserves the right to amend, change or terminate any such policies, rules and instructions at any time in its sole discretion unless prohibited by law.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Print or Type Applicant's Name \_\_\_\_\_