



ACTIVITIES: (CIVIC, ATHLETIC, ETC.): \_\_\_\_\_

(EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, or NATION OF ORIGIN OF ITS MEMBERS).

DO YOU TYPE?: \_\_\_\_\_ IF SO, WHAT SPEED?: \_\_\_\_\_

DO YOU PLAN TO BE A STUDENT? \_\_\_\_ YES \_\_\_\_ NO.

IF STUDENT, WHEN IS EXPECTED GRADUATION DATE: \_\_\_\_\_

PLEASE LIST ANYONE YOU KNOW THAT WORKS HERE: \_\_\_\_\_

**EMPLOYERS: (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST):**

| LEAVE | DATE | NAME AND CITY OF EMPLOYER | PAY RATE | REASON YOU DID LEAVE POSITION OR WISH TO |
|-------|------|---------------------------|----------|--|
| 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: LIST FOUR WORK REFERENCES (YOUR SUPERVISORS):**

| SUPERVISORS NAME: | NAME OF BUSINESS: | PHONE NUMBER: |
|-------------------|-------------------|---------------|
| 1                 |                   |               |
| 2.                |                   |               |
| 3                 |                   |               |
| 4.                |                   |               |

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NUMBER

"I certify that all information on or referred to in this application is accurate and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize

investigation of my police records, driving records, and credit history. I authorize release of this document to the references listed above and/or to any former and current employers. I authorize investigation of all statements contained herein and I authorize any former and current employers and the references listed above to give you any and all information concerning my employment and any information they may have about me. I hereby release all parties from all liability for any damage that may result from furnishing information to you. I understand and agree that, if hired, my work hours will be at my employer's discretion and that 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 with or without cause. I understand and agree that, if hired, I will come to work on a 90-day probationary period. If hired full time, I agree that my work hours will be at my employer's discretion and will normally range between 36 and 40 hours per week."

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

Revised: 10/21/10

|                  |                  |                 |
|------------------|------------------|-----------------|
| Test 1<br>Score: | Test 2<br>Score: | Total<br>Score: |
| Time:            | Time:            | Time:           |