

14. Experience: (Start with your present or last job. Include any military job-related service assignments and volunteer activities. You may attach a résumé or other relevant documents to further describe your experiences.)

Name of employer:		Address:		Phone:	
Dates of employment: From: _____ To: _____		Title of position		Monthly Salary From: _____ To: _____	
Supervisor:		Reason for leaving:			
Describe your duties:					
Name of employer:		Address:		Phone:	
Dates of employment: From: _____ To: _____		Title of position		Monthly Salary From: _____ To: _____	
Supervisor:		Reason for leaving:			
Describe your duties:					
Name of employer:		Address:		Phone:	
Dates of employment: From: _____ To: _____		Title of position		Monthly Salary From: _____ To: _____	
Supervisor:		Reason for leaving:			
Describe your duties:					

15. May we contact your present employer? Yes _____ No _____

16. Are you at least 16 years old? Yes _____ No _____

CERTIFICATION OF APPLICATION

IMPORTANT: Read Carefully

I certify that the facts contained in this application and in any attached resume are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company. I hereby authorize the Company to thoroughly investigate my background, references, employment record, driving record (if applicable) and other matters related to my suitability for employment and further authorize my former employers, or any third party, to disclose to the Company all reports and other information related to my suitability for employment, personal and otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Company, former employers, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. I authorize the release of my current and former employers of the entire or partial contents of my personal file, as may be sought by the Company. Copying and mailing costs for any personnel records from my current and former employers provided to the Company will be paid by the Company.

I understand that the Company maintains a drug-free, and alcohol-free workplace and that it may require me to submit to a drug test prior to employment or, if employed, at any time during my employment with or without cause. I understand and agree that my failure to cooperate with such a request will be considered a sufficient basis by the Company for denying me employment or to terminate my employment.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract and that if hired, my employment is terminable at the will of either party with or without prior notice or cause, unless otherwise stated in a written agreement signed by the President.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me. If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance and conduct.

Date: _____ Signature of Applicant: _____