



## EMPLOYMENT HISTORY

Please provide a complete employment history listing all positions held for the last 10 years including part-time, summer, and volunteer work, starting with most recent employer, please account for any periods of unemployment in the space provided at the top of the following page.\*

Present or Most Recent Employer

Address				City	State	Zip Code	Telephone
Position			Supervisor's Name				Supervisor's Title
Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending or Current Base Pay/Hourly Rate	Reason for Leaving	
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:							
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:							
Responsibilities							

Employer #2

Address				City	State	Zip Code	Telephone
Position			Supervisor's Name				Supervisor's Title
Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending Base Pay/ Hourly Rate	Reason for Leaving	
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:							
Responsibilities							

Employer #3

Address				City	State	Zip Code	Telephone
Position			Supervisor's Name				Supervisor's Title
Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending Base Pay/ Hourly Rate	Reason for Leaving	
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:							
Responsibilities							

Employer #4

Address				City	State	Zip Code	Telephone
Position			Supervisor's Name				Supervisor's Title
Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending Base Pay Hourly Rate	Reason for Leaving	
Other compensation (Bonus, Commissions, Draw, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:							
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:							
Responsibilities							

## EMPLOYMENT HISTORY CONTINUED

Please explain all periods of two months or more in which you were not employed during the past ten years. \_\_\_\_\_

Have you ever been terminated, laid off, discharged or asked to resign from any employment?  Yes  No

If yes, give the employer(s) and reason(s) for each discharge/resignation. \_\_\_\_\_

## EDUCATION

Type of School	Diploma/Degree Type (GED, H.S., B.A., etc.) Received	Name of School City, State	Major Subject/Course
High School			
College			
Graduate School			
Other			

If currently attending school, what are the days and times of your scheduled classes?

## SPECIAL SKILLS AND QUALIFICATIONS

List any academic honors, outstanding achievements, scholarships or other significant job-related awards.

List any professional licenses or certifications earned and any foreign language proficiency.

List software programs, PC and word processing equipment proficiency.

List skills other than clerical.

## OTHER RELEVANT EXPERIENCE

Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid) gained in any job – related organizations, clubs, professional society or other association, or seminars, articles or books published, activities and accomplishments.

## HOW WERE YOU REFERRED TO US

Employee  
Name:

State or Local Agency  
Name:

School/College  
Name:

Newspaper/Publication  
Specify:

Employment Agency  
Company:

Name of Contact:  
Contact Phone:

Internet  
Specify:

Walk-In

Other  
Specify:

## REFERENCES

*In addition to the supervisors listed in the employment history section above, list three (3) professional references who can comment on your work performance.  
If not applicable, list three (3) personal references who are not related to you.*

Name/Relationship Length of Time Known	Address	Occupation Company/Job Title	Telephone No.

## APPLICANT PLEASE READ AND SIGN

I certify that the answers given to the questions and the statements made (including statements on the attached resume, and inserted forms if any) on this application and in the hiring process are true and correct to the best of my knowledge. I understand that a false statement, a false answer, an omission or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with the Company regardless of when such false, misleading, or erroneous information is discovered.

I understand that if hired, unless I am employed under a specific written contract or collective bargaining agreement, my employment with the company will be "at will" and that my employment may be terminated at any time with or without cause and with or without notice at the option of the Company. I understand that no representative of the Company has any authority to make any assurances, representations or promises contrary to the "at-will" nature of my employment unless it is in writing by an authorized officer of the company. I understand that I may terminate my employment with or without cause and with or without notice at any time. I further agree that the Company reserves the right to make unilateral changes to the terms and conditions of my employment. I agree that this application represents the entire agreement between the Company and me and it supersedes any prior agreement or understanding I may have had, whether oral or written.

**Should I become employed, as a condition of my employment, I agree to waive my right to a trial by jury in any action or proceeding involving any claim, whether statutory or at common law, related to or arising out of my employment or the termination of employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.**

Signature \_\_\_\_\_

Date \_\_\_\_\_