

MILITARY SERVICE

Branch: _____ Highest Rank: _____ Were you honorably discharged? _____

Date of Entry into Military _____ Date of Discharge _____

EMPLOYMENT HISTORY

1. **Company Name:** _____ Company Phone: _____

Address: _____ City: _____ State: _____

Supervisor's Name: _____ Starting Wage: _____ Final Wage: _____

Your Title or Position: _____ How long did you work there? _____ From: _____ To: _____

Describe Your Job: _____

Reason For Leaving: _____

2. **Company Name:** _____ Company Phone: _____

Address: _____ City: _____ State: _____

Supervisor's Name: _____ Starting Wage: _____ Final Wage: _____

Your Title or Position: _____ How long did you work there? _____ From: _____ To: _____

Describe Your Job: _____

Reason For Leaving: _____

3. **Company Name:** _____ Company Phone: _____

Address: _____ City: _____ State: _____

Supervisor's Name: _____ Starting Wage: _____ Final Wage: _____

Your Title or Position: _____ How long did you work there? _____ From: _____ To: _____

Describe Your Job: _____

Reason For Leaving: _____

**-IMPORTANT-
READ, DATE & SIGN**

I hereby authorize investigation of all statements contained in this application. I authorize all previous employers and references to release any information relating to my past history and release them from any liability arising from disclosure of these facts. I hereby further agree to undergo physical examination by a physician selected by the company, at any time before or during employment by the company and at the expense of the company, and hereby authorize the examining physician to render the company reports of such examinations.

If and when employed by the company, I hereby agree to work the regular workdays, with overtime to be worked as required by the department supervisor on such day as might be required by the company. I understand that neither the acceptance of this application nor any subsequent employment by the company creates either an expressed implied employment agreement.

I understand that the misrepresentation, omission or incorrect statement of factors called for in this application is cause for a refusal to hire me or my termination if I am hired. I agree, if employed to abide by all company rules and regulation, either published or in effect by usage. I understand that all employment is based upon the need of the employer for such services as I may render and all such employment is at the will of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Applicant's Signature)

(Date)

THIS APPLICATION WILL BE VALID FOR 30 DAYS - DO NOT WRITE BELOW LINE
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Comments: _____

Starting Date: _____ Rate of Pay: _____ /hr

Remarks: _____
