





**EMPLOYMENT HISTORY**

**List most recent information first. Explain all periods of unemployment of more than 30 days.**

From: Mo/yr _____	To: Mo/yr _____	Company Name: _____	Address: _____	Phone #: _____
		Position Held: _____	Immediate Supervisor: _____	Reason for Leaving: _____
Starting Wage _____ (hr mo yr)	Ending Wage _____ (hr mo yr)	Duties: _____		
Reason for Leaving: _____				

From: Mo/yr _____	To: Mo/yr _____	Company Name: _____	Address: _____	Phone #: _____
		Position Held: _____	Immediate Supervisor: _____	Reason for Leaving: _____
Starting Wage _____ (hr mo yr)	Ending Wage _____ (hr mo yr)	Duties: _____		
Reason for Leaving: _____				

From: Mo/yr _____	To: Mo/yr _____	Company Name: _____	Address: _____	Phone #: _____
		Position Held: _____	Immediate Supervisor: _____	Reason for Leaving: _____
Starting Wage _____ (hr mo yr)	Ending Wage _____ (hr mo yr)	Duties: _____		
Reason for Leaving: _____				

I affirm that the information herein is complete and correct and I understand that misrepresentations or omissions of facts called for in this application or other company records will cause my dismissal if employed. I authorize this company to verify any and all information contained in this application from former employers and others, and I release all persons contacted by this Company from any liability in connection with furnishing of such information. This application is not a contract of employment. I agree that my employment is for no definite period of time and may be terminated at any time with or without notice, with or without cause. I understand that no one is authorized to make any agreement contrary to the forgoing without senior management approval. I understand that I will be subject to the Company's requirements regarding drug testing. My signature indicates agreement with these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_