

Employment Record

(List last two employers, starting with your last one first)

Company Name and Address: _____

Employed from: _____ To: _____

Job Description: _____

Reason for Leaving: _____

Supervisor: _____ Phone #: _____ Rate of pay: _____

Company Name and Address: _____

Employed from: _____ To: _____

Job Description: _____

Reason for Leaving: _____

Supervisor: _____ Phone #: _____ Rate of pay: _____

May we contact these employers? Yes / No

Signature: _____ Date: _____

Have you ever been convicted of a felony? Yes / No If yes, please explain

Name of Relative in case of Emergency: Name: _____ Phone: _____

I understand that any omission of misrepresentation of information in this application will result in refusal of or separation from employment. I hereby authorize the company to make any investigation of my background deemed necessary. I give no objection to submitting to a medical examination or drug test if asked to do so. I also understand any tools furnished by the company or uniforms not returned upon termination of employment will give the employer the right to hold my final check until such goods are returned. I acknowledge that the first 90 days of employment are considered a trial period. I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPH

Signature: _____ Date: _____

Interview Comments: _____

_____ Rate of Pay: _____