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## JOB REQUIREMENTS

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Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes     No

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## PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

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**Present or Last Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May we contact: Yes  No

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**Previous Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May we contact: Yes  No

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**Previous Employer:**

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May we contact: Yes  No

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## PROFESSIONAL / PERSONAL REFERENCE

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Name: \_\_\_\_\_ Daytime Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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## PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

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1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
3. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_