

EDUCATION BACKGROUND

Name of school:	Address:	# If Years Completed	Did You Graduate?	Major Subject	Degrees Earned
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High School: _____

College: _____

Graduate or Technical School _____

Additional Training/Skills, Experience, Special Achievements, Certificates, ETC. Relevant to position: _____

Have you served in the United States Armed Forces? Yes _____ **No** _____

Branch _____ **Reserve** _____ **Special Training** _____

EMPLOYMENT HISTORY

***List below Present and Past Employers beginning with the most recent:**

Month/Year	Name & Address of Employer	Initial Positions Titled & Duties	Previous Supervisors	Starting Pay	Reason for Leaving
		Final Positions and Duties	Contact Number	Ending Pay	

FROM:

TO:

FROM:

TO:

FROM:

TO:

PERSONAL REFERENCES

List 3 individuals whom know you well enough to give personal references on you along with their address and phone number.

1. Name _____ Address _____

Phone Number _____

2. Name _____ Address _____

Phone Number _____

3. Name _____ Address _____

Phone Number _____

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) or other relevant federal and state laws.”

Date: _____ **Signature:** _____