



**FORMER EMPLOYERS** List below you last four employers, starting with the last one first.

Date Month and Year Leaving From	Name and Address of Employer	Salary (upon leaving)	Position	Reason for
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three person not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained, in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create any employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

**\*\* If I am offered employment I agree to submit to medical examination and drug test before starting work. If employed, I also agree to submit to a \*\***  
medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

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