

EMPLOYMENT:

EMPLOYER NAME AND ADDRESS	POSITION TITLE/DUTIES SKILLS	DATES EMPLOYED	
		FROM	TO

	_____	REASON FOR LEAVING	
SUPERVISOR'S NAME:	_____		

EMPLOYMENT:

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TYPES OF COMPUTERS, OTHER ELECTRONIC OR MECHANICAL EQUIPMENT THAT YOU ARE QUALIFIED TO OPERATE OR REPAIR:

PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS:

ADDITIONAL SKILLS INCLUDING SUPERVISION SKILLS, OTHER LANGUAGES, OR INFORMATION REGARDING THE CAREER/OCCUPATION YOU WISH TO BRING TO THE EMPLOYER'S ATTENTION:

VERIFICATIONS/SIGNATURE:

1. I authorize the investigation of all matters which the company deems relevant to my qualifications for employment, and I release from liability any persons or employers supplying such information and I also release the company from all liability which might result from making the investigation.

2. I understand and agree that I may be required to take a drug and alcohol screen as a condition of hire or continued employment. I agree to consent to take such tests at such times designated by the company, and I agree to release to the company, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.

3. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge.

4. I understand that, if I am hired, I agree to conform to all existing and future company rules and regulations.

5. I have read and reviewed the above statements and other information I provided on this application.

Signature: _____

Date: _____