



**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE?  Yes  No

IF NO, STATE REASON: \_\_\_\_\_

NAME OF SUPERVISOR &amp; TITLE: \_\_\_\_\_

SUPERVISOR PHONE NO ( ) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

NAME OF NEXT RECENT EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE?  Yes  No

IF NO, STATE REASON: \_\_\_\_\_

NAME OF SUPERVISOR &amp; TITLE: \_\_\_\_\_

SUPERVISOR PHONE NO ( ) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

NAME OF NEXT RECENT EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

START DATE / /

STARTING ANNUAL SALARY \$

LEAVING DATE / /

FINAL ANNUAL SALARY \$

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE?  Yes  No

IF NO, STATE REASON: \_\_\_\_\_

NAME OF SUPERVISOR &amp; TITLE: \_\_\_\_\_

SUPERVISOR PHONE NO ( ) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)**

NAME	ADDRESS/CITY/STATE/ZIP	BUSINESS	PHONE NO(s)	ACQUAINTED
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**MILITARY RECORD**

BRANCH OF SERVICE \_\_\_\_\_

DISCHARGE DATE / /

RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN \_\_\_\_\_

DATE \_\_\_\_\_

NATIONAL GUARD OR RESERVES: \_\_\_\_\_

OBLIGATION ENDS: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the organization's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the organization's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the organization. I understand that no organization representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_