

EMPLOYMENT HISTORY

From _____ To _____	Employer _____	Telephone _____ () _____
Starting Job Title / Final Job Title _____	Address _____	
Immediate Supervisor and Title _____	Summarize the Nature of the Work Performed and Job Responsibilities. _____	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving _____	Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

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SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and / or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

APPLICANT STATEMENT

I hereby authorize this employer to investigate the information I have furnished herein and I release all parties from all liability for any damages that may result from furnishing such information, personal or otherwise to this employer. I also hereby release all parties from any obligation to provide me with written notification of disciplinary actions which may be included in such information. I understand that any false answer or statement made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge and that any employment or job offer is conditional upon passing a medical examination after a job offer has been made if requested. I agree to conform to the rules and regulations of the employer and understand that nothing contained in this employment application is intended to create an employment contract between the employer and myself. I further understand my employment can be terminated with or without cause, and with or without notice at any time by myself or the employer and that wages, benefits and rules and regulations are subject to change by the employer at any time with or without notice to me and nothing contained in any publications or statements to the contrary shall in any way modify the above terms unless a written document signed by an authorized representative of the employer. In partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or termination thereof more than 6 (six) months after the event.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / _____ / _____