



**LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT**

Name, Address and Phone # of Company	FROM		TO		Last Position Held		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Title	Duties				

**PERSONAL REFERENCES (Not former employers or relatives)**

Name and Address	Occupation	Phone Number

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Years Attended		Circle Last Year Completed				Did you Graduate?	List Diploma or Degree	Grade Average
			From	To	1	2	3	4			
High					1	2	3	4			
College / Vo. Tech					1	2	3	4			

**BACKGROUND**

Are you 18 years of age or older?  Yes  No      If no, Date of Birth \_\_\_\_\_

Have you ever been convicted of any felony?  Yes  No

Have you ever been convicted of any crime, excluding misdemeanors?  Yes  No

Have you ever been convicted of any crime involving violence to another person?  Yes  No

Have you ever been convicted of any crime involving dishonesty?  Yes  No

Are you serving probation for any misdemeanor offense?  Yes  No

Have you ever been counseled or disciplined for cash handling violations?  Yes  No

Have you ever been counseled or disciplined for being late or absent from work or school?  Yes  No

If you have answered YES to any of the above, describe in full: \_\_\_\_\_

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references contained in this employment application as may be necessary in arriving at an employment decision, including requests for criminal, credit, or motor vehicle driving reports. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective existing employee. I understand that the user of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_