



# Employment Experience

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title/Supervisor			
Reason for Leaving			

## References

_____	( )	_____
(Name)		Phone #
_____		_____
Address		
_____	( )	_____
(Name)		Phone #
_____		_____
Address		
_____	( )	_____
(Name)		Phone #
_____		_____
Address		

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

## Equal Employment Opportunity Information

The information supplied below is strictly voluntary and will no way affect the processing of your employment status with this company. This information sheet will *only* be used for statistical purposes. Thank you for your cooperation.

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SOCIAL SECURITY NUMBER

SEX  MALE  
 FEMALE

RACE  *WHITE*: Persons having origins in any of the original peoples of Europe or the Middle East.

*BLACK*: Persons having origins in any of the black racial groups of Africa.

*HISPANIC*: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

*NATIVE AMERICAN OR ALASKAN NATIVE*: Persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

*ASIAN/PACIFIC ISLANDERS*: Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

### DISABILITY

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes  No

### VETERAN STATUS

Are you a Veteran?  Yes  No

Disabled Veteran  Vietnam Era Veteran  Desert Storm/Shield Veteran