



**EMPLOYMENT HISTORY**

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

|  |                |  |
|--|----------------|--|
| FIRM (please start with most recent position) (may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes) |                | TITLE AND SUMMARY OF YOUR DUTIES:  |
| ADDRESS  | CITY STATE ZIP |  |
| SUPERVISOR   | PHONE          |  |
| DATES OF EMPLOYMENT (include month and year)<br>From: To: BASE SALARY Starting \$ Ending \$                              |                | FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:<br>PART-TIME <input type="checkbox"/> |
| FIRM (may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)  |                | TITLE AND SUMMARY OF YOUR DUTIES:  |
| ADDRESS  | CITY STATE ZIP |  |
| SUPERVISOR   | PHONE          |  |
| DATES OF EMPLOYMENT (include month and year)<br>From: To: BASE SALARY Starting \$ Ending \$                              |                | FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:<br>PART-TIME <input type="checkbox"/> |
| FIRM (may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)  |                | TITLE AND SUMMARY OF YOUR DUTIES:  |
| ADDRESS  | CITY STATE ZIP |  |
| SUPERVISOR   | PHONE          |  |
| DATES OF EMPLOYMENT (include month and year)<br>From: To: BASE SALARY Starting \$ Ending \$                              |                | FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:<br>PART-TIME <input type="checkbox"/> |

**REFERENCES**

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

| NAME AND OCCUPATION | ADDRESS | TELEPHONE # | YEARS KNOWN |
|---------------------|---------|-------------|-------------|
|                     |         |             |             |
|                     |         |             |             |
|                     |         |             |             |

**INITIAL AFFIDAVIT**

\_\_\_\_\_ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

\_\_\_\_\_ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent job offer, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

\_\_\_\_\_ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

\_\_\_\_\_ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.** I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_