



Do you currently hold a valid professional license or certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, note type(s):		
State:		
Number:		
Expiration Date:		
Are you currently attending School?		
If yes, where:		
What subject(s) of special study or research work are you, or have you pursued?		

**WORK EXPERIENCE**

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Reason for Leaving: _____	

Employer: _____ Job Title: _____	Work Performed
Address: _____	
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Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	

Work Phone: _____	May we contact: Yes _____ No _____
Dates of Employment: From: _____ To: _____	
Reason for Leaving: _____	

**Comments: Include explanation of any gaps in employment.**

**EDUCATION**

**High School**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_

**College**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**Other**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**REFERENCES**

List name and telephone number of three business/work references who are not related to you.

Name: _____	Telephone: ( ) _____	Years Known: _____
Name: _____	Telephone: ( ) _____	Years Known: _____
Name: _____	Telephone: ( ) _____	Years Known: _____

## **Please Read Carefully, Initial Each Paragraph and Sign Below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_

I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility on or before the first day of work.

\_\_\_\_\_

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company Administrator.

\_\_\_\_\_

**I have read and fully understand the previous statements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date