

In the space below, list present and past employment, beginning with your most recent job. If additional space is required, please attach additional sheets as necessary. RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION					
Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of your Supervisor					
Title of your Position	May we contact your present employer? Yes No				

Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of your Supervisor					
Title of your Position					

Name and Address of Employer	From	To	Monthly Salary	No. Supervised	Reason for leaving
	Describe the work you did:				
Telephone					
Name of your Supervisor					
Title of your Position					

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I also authorize my references and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____ **Date:** _____