

EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment information. List your last three jobs, starting with the most recent one first.)

1. _____
 Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving

Kind of Work (Job Title)			

Brief Description of Your Job			

2. _____

Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving

Kind of Work (Job Title)			

Brief Description of Your Job			

3. _____

Company Name and Address

Name of Supervisor and Telephone Number

From (Date of Employment)	To	Pay	Reason for Leaving

Kind of Work (Job Title)			

Brief Description of Your Job			

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, special skills, etc. _____

_____ Can we contact your current employer regarding your employment? Yes No

SERVICE IN U.S. ARMED FORCES

Branch of Service _____ From _____ To _____

Rank and Type of Service _____

Training/Experience Received _____

REFERENCES (Do Not Include Relatives)

1.	_____	_____	_____
	Name/Address	Occupation	Telephone #
2.	_____	_____	_____
	Name/Address	Occupation	Telephone #
3.	_____	_____	_____
	Name/Address	Occupation	Telephone #

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the WAGES Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, if hired, I may be required to submit to alcohol/drug testing on pre-employment, post-accident, random and/or "for cause" bases.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____

Applicants -- Please Do Not Write Below This Line

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Interviewed by (1) _____ (2) _____ Date _____

Hired: Yes No Position _____ Dept./Program _____

Starting Date _____ Rate of Pay _____ Classification _____

Remarks:

Approved by (1) _____ (2) _____ (3) _____
Human Resource Manager Supervisor/Program Director Executive Director

