



## EMPLOYMENT HISTORY

This section must be completed entirely. **DO NOT SUBSTITUTE A RESUME.** List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. Describe each job separately, emphasizing your specific tasks and any supervisory, technical, or other responsibilities. Explain all breaks in continuous employment. **If more space is needed, additional pages can be added.**

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title	CDL Required ? <input type="checkbox"/> Y <input type="checkbox"/> N	Starting Date   Leaving Date
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			
_____			
_____			
_____			
_____			

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title	CDL Required ? <input type="checkbox"/> Y <input type="checkbox"/> N	Starting Date   Leaving Date
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			
_____			
_____			
_____			
_____			

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title	CDL Required ? <input type="checkbox"/> Y <input type="checkbox"/> N	Starting Date   Leaving Date
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			
_____			
_____			
_____			
_____			

## EMPLOYMENT HISTORY (cont.)

Name of Employer	Mailing Address	Telephone Number	
Type of Business	Job Title	CDL Required ? <input type="checkbox"/> Y <input type="checkbox"/> N	Starting Date   Leaving Date
Supervisor's Name and Title		Reason for Leaving	
Description of Work and Responsibilities			
_____			
_____			
_____			
_____			
_____			

How many work days have you missed in the past year? \_\_\_\_\_

Please Explain: \_\_\_\_\_

Have you been convicted of a felony in the past ten years?  Yes  No

( Convictions are only considered if they have a direct bearing on the job being applied for.)

### AGREEMENT

PLEASE READ THE FOLLOWING BEFORE SIGNING: With this Application I agree to these terms:

- (1) I certify that the information on this Application is true to the best of my knowledge; I understand that any false statements or answers, or any misrepresentation or omission of facts is sufficient cause for rejection of my Application, or if hired, for discharge from the Company at any time. Accordingly, I agree that I shall have no recourse whatsoever in any such event.
- (2) I permit the Company or its representative to investigate any of the statements submitted by me on the Application, unless I specifically request in writing on this form that no inquiry be made. Accordingly, I authorize any of the companies or schools named on this form, or any other relevant company, agency or person, to release information regarding my employment, education or qualifications, unless otherwise noted in writing on this form.
- (3) I agree to submit to a medical examination by a Company designated physician (at Company expense) at any time as may be required by the Company. I understand that my employment may be contingent on passing of such examination(s). I authorize any company, agency, physician, or person to release information concerning my medical condition to the Company or to its representative, unless otherwise noted in writing on this form.
- (4) I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment.
- (5) My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT.

This application will remain active for 180 days

Signature \_\_\_\_\_

Date \_\_\_\_\_