

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last One First)

Date _____

Mo. & Yr.	Name and Address of Employer	Salary	Position	Reason For Leaving
From: _____	To: _____			
From: _____	To: _____			
From: _____	To: _____			
From: _____	To: _____			

<p>REFERENCES: List Below The Names of Three Persons <i>Not Related</i> to you, whom you have known at least one year:</p>

Name	Address	Business	Years Acquainted
1. _____	_____		
2. _____	_____		
3. _____	_____		

<p>PHYSICAL RECORD: Do you have any physical condition that may limit your ability to perform the job applied for? Please explain below:</p>

In Case of Emergency Notify:

(Name)	(Address)	(Phone Number)
_____	_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentations or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

REMARKS: _____

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ For Dept: _____ Position: _____ Will Report: _____ Salary Wages: _____

Approved: _____

Employment Manager	Dept. Head	General Manager
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