

EMPLOYMENT HISTORY (LIST THE LAST 3 EMPLOYERS STARTING WITH THE LAST ONE FIRST)				
DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
REFERENCES: (GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR)				
NAME	ADDRESS	RELATIONSHIP	YRS ACQUAINTED	

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentation are discovered, my application may be rejected. And if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for the employment for any specific period of time or to make any agreement contrary to the foregoing.

SIGNATURE: _____

DATE: _____