

EMPLOYMENT HISTORY

Previous Employer _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary: _____ Employed From : _____ To: _____
Reason For Leaving: _____
Description Of Duties And Responsibilities: _____

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EMERGENCY CONTACTS

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

REFERENCES

<i>Name</i>	<i>Address & Telephone #</i>	<i>Occupation</i>

I AFFIRM THAT ALL INFORMATION ON THIS SHEET IS TRUE AND COMPLETE; I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERE IN. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR MAY BE CAUSE FOR DISMISSAL OR GROUNDS FOR REFUSAL OF EMPLOYMENT, I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARD AND/OR REGULATIONS MAY BE GROUNDS FOR DISMISSAL. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, BY THE COMPANY OR BY MYSELF. NO REPRESENTATION TO THE CONTRARY HAS BEEN MADE TO ME AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE SUCH A REPRESENTATION.

IT IS THE POLICY OF THIS COMPANY TO HIRE ONLY THOSE WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE PROVISIONS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986; ALL EMPLOYEES WILL BE REQUIRED TO PROVIDE DOCUMENTS TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

***** I AFFIRM THAT I HAVE RECEIVED THE JOB DESCRIPTION FOR THE ABOVE MENTIONED POSITION DESIRED. *****

Signature _____
Date