



Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines) _____

WORK EXPERIENCE

(Please list below your last four employers, starting with your present or last place of employment.) You may include any verifiable work performed on a volunteer basis, internship or military service.

Date Mo/Yr	Name, address & Phone # of employer	Salary	Position	Name of Supervisor	Reason for Leaving

REFERENCES

Please give the names of three additional work- related references that we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

	Name & position	Company	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT CERTIFICATION-PLEASE READ CAREFULLY

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the Company can be terminated at any time, with or without cause or advance notice and acceptance or employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the Company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the Company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorized the Company or its agents to confirmed all statements contained in this application and /or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms. * I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature _____ **Date** ____ / ____ / ____