



**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested 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 cause and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

INS Form I-9 completed?  Yes  No

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary  
Wages \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager Dept. Head General Manager