
DATES EMPLOYED-MONTH/YEAR

NAME AND ADDRESS OF EMPLOYER

POSITION

SUPERVISOR'S NAME

START SALARY

END SALARY

DESCRIPTION OF DUTIES

REASON FOR LEAVING

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NAME AND ADDRESS OF EMPLOYER

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REASON FOR LEAVING

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND CAN ATTEST TO YOUR QUALIFICATIONS, COMPETENCY AND RELIABILITY.

1.

NAME

ADDRESS

TELEPHONE

OCCUPATION

POSITION

YEARS KNOWN

2.

NAME

ADDRESS

TELEPHONE

OCCUPATION

POSITION

YEARS KNOWN

3.

NAME

ADDRESS

TELEPHONE

OCCUPATION

POSITION

YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

SIGNED

DATE

