

EMPLOYMENT REFERENCES

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

PERSONAL REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE #	RELATIONSHIP	YEARS KNOWN
1			
2			
3			

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB-RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THIS PERSON'S NEED FOR AN ACCOMMODATION THAT WOULD BE REQUIRED BY THE ADA.

THIS APPLICATION IS CURRENT FOR 18 MONTHS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ FOR POSITION: _____ DATE: _____

HIRED: _____ FOR DEPT.: _____ POSITION: _____ WILL REPORT: _____ SALARY: _____

APPROVED: 1. _____ 2. _____ 3. _____
SUPERVISOR PROGRAM DIRECTOR OTHER