

Start with most recent employment first. Include military experience. List only last 4 jobs in the last 10 years. Account for periods of unemployment.

Name of Employer Address Telephone Your Supervisor	Duties & Title Salary	Employed From _____ To _____ Reason for Leaving May we contact? ___ yes ___ no
Name of Employer Address Telephone Your Supervisor	Duties & Title Salary	Employed From _____ To _____ Reason for Leaving May we contact? ___ yes ___ no
Name of Employer Address Telephone Your Supervisor	Duties & Title Salary	Employed From _____ To _____ Reason for Leaving May we contact? ___ yes ___ no
Name of Employer Address Telephone Your Supervisor	Duties & Title Salary	Employed From _____ To _____ Reason for Leaving May we contact? ___ yes ___ no

List any volunteer activities, training or other experiences that you feel qualify for this position:

IMPORTANT - READ BEFORE SIGNING
EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that the facts set forth above are true and complete and I authorize the Agency to verify any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Agency with any information that it requests in connection with this application. I hereby release all of these persons and institutions and the Agency from any and all liability for any damages arising from the verification process. I understand that, if employed, false statements on this application or omissions of material information may result in my termination. If employed, I agree to abide by all Agency rules and regulations as they now or may exist and I understand that failure to do so may result in termination.

I understand that my employment is contingent upon my successful completion of an employment physical examination. I further understand that, within the time frame specified by the Agency, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

I understand and agree that, if employed, either the Agency or I will be free to terminate the employment relationship at any time for any reason, without cause and without action. I understand and agree that this writing shall constitute the entire agreement between the Agency and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of the Agency, other than its President/CEO has the authority to enter into any future agreement, either express or implied, restricting in any way the Agency's right to terminate employment and, that to the extent the President/CEO enters into such a future agreement, it may only be in writing.

Applicant's Signature Date