



**EMPLOYMENT HISTORY**

Provide complete information about your employment (including military service), starting with the most recent (even if furnishing a resume).

Are you currently employed?  Yes  No      May we contact your present employer?  Yes  No

<b>EMPLOYER:</b>		<b>PHONE:</b> (    )	<b>ADDRESS:</b>
<b>START DATE:</b>	<b>END DATE:</b>	<b>JOB TITLE:</b>	<b>SUPERVISOR:</b>

**RESPONSIBILITIES:**

<b>REASON FOR LEAVING:</b>			<b>COMMENTS:</b>
<b>Voluntary Quit</b> <input type="checkbox"/>	<b>Discharged</b> <input type="checkbox"/>	<b>Reduction</b> <input type="checkbox"/>	

<b>EMPLOYER:</b>		<b>PHONE:</b> (    )	<b>ADDRESS:</b>
<b>START DATE:</b>	<b>END DATE:</b>	<b>JOB TITLE:</b>	<b>SUPERVISOR:</b>

**RESPONSIBILITIES:**

<b>REASON FOR LEAVING:</b>			<b>COMMENTS:</b>
<b>Voluntary Quit</b> <input type="checkbox"/>	<b>Discharged</b> <input type="checkbox"/>	<b>Reduction</b> <input type="checkbox"/>	

<b>EMPLOYER:</b>		<b>PHONE:</b> (    )	<b>ADDRESS:</b>
<b>START DATE:</b>	<b>END DATE:</b>	<b>JOB TITLE:</b>	<b>SUPERVISOR:</b>

**RESPONSIBILITIES:**

<b>REASON FOR LEAVING:</b>			<b>COMMENTS:</b>
<b>Voluntary Quit</b> <input type="checkbox"/>	<b>Discharged</b> <input type="checkbox"/>	<b>Reduction</b> <input type="checkbox"/>	

For additional employment history, please request another form.

List any additional information you would like us to consider: \_\_\_\_\_

**EMPLOYMENT REFERENCES**

Provide three **professional work-related** references.

NAME	JOB TITLE	PHONE	YEARS KNOWN
		(    )	
		(    )	
		(    )	

All statements and information provided on my application and/or in an interview are true and correct, and no attempt has been made to conceal or withhold pertinent information. Any falsification or misrepresentation given in my application and/or interview is cause for termination in the event I am employed. I hereby authorize investigation of all the statements I have made herein. I authorize the companies, or persons named (including former supervisors) to give information regarding my past employment together with any information they may have regarding me that is in their records. I hereby release said companies or persons, and "The 380 Companies" from all liability for any damage whatsoever for issuing or obtaining this information.

I understand that unless there is a written special agreement between "The 380 Companies" and me to the contrary, all employment at "The 380 Companies" is "at will". I understand that there is no guarantee of any continued future employment should I become an employee of "The 380 Companies". I further understand that the Employee Handbook is for guidance purposes only and provides no promises or contract as to my employment. As an "at will" employee, I understand that my employment may be terminated at any time for any reason without recourse by me.

It is the policy of "The 380 Companies" not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I understand that this Application for Employment shall be active for a period of 60 days. If I continue my interest in employment with "The 380 Companies" after that period, I understand it is my responsibility to complete a new employment application form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with "The 380 Companies", I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Please release or verify the items indicated below:

- | <b>YES</b>                       | <b>NO</b>                |   |
|----------------------------------|--------------------------|---|
| <input type="checkbox"/>         | <input type="checkbox"/> | All Information Requested                     |
| <b>Past Employers:</b>           |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Salary History                                |
| <input type="checkbox"/>         | <input type="checkbox"/> | Dates of Employment                           |
| <input type="checkbox"/>         | <input type="checkbox"/> | Positions Held                                |
| <input type="checkbox"/>         | <input type="checkbox"/> | Supervisors (Name of)                         |
| <input type="checkbox"/>         | <input type="checkbox"/> | Responsibilities and Duties Performed         |
| <input type="checkbox"/>         | <input type="checkbox"/> | Reasons for Leaving                           |
| <input type="checkbox"/>         | <input type="checkbox"/> | Eligibility for Rehire                        |
| <input type="checkbox"/>         | <input type="checkbox"/> | Attendance Record for Last Year of Employment |
| <b>Educational Institutions:</b> |                          |   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Years of Attendance                           |
| <input type="checkbox"/>         | <input type="checkbox"/> | Degree Obtained                               |
| <input type="checkbox"/>         | <input type="checkbox"/> | Transcript                                    |
| <input type="checkbox"/>         | <input type="checkbox"/> | Licenses / Certifications                     |

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

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Directions: This form is to be used to obtain references on a desirable applicant. Please indicate yes or no for each item, fill in the requested information and sign and date the form.