

Employment History

Beginning with your current or most recent employment, list in reverse order **all** periods of employment regardless of the duration or type of work. List any gaps in employment. Title changes should be listed as a separate period. Describe in detail your specific duties starting with your primary responsibilities. **This section must be completed whether or not a resume is attached** (attached additional sheets if necessary). Please specify your reasons for leaving or wanting to leave all listed employment.

1. Current or most recent Employer:						Address:							
Official Job Title:						Supervisor's Name & Title:						Phone Number:	
From		Dates Employed		Total		If Part-Time job, list number of hours per week:	Starting Pay:		Ending Pay:				
Month	Year	Month	Year	Years	Months		\$		\$				
							Commission / Bonus Pay		Commission / Bonus Pay				
							\$		\$				
Reasons for leaving or considering leaving (please explain in detail):						Resigned <input type="checkbox"/>		Terminated <input type="checkbox"/>					
Describe duties in detail:													
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No													

2. Employer:						Address:							
Official Job Title:						Supervisor's Name & Title:						Phone Number:	
From		Dates Employed		Total		If Part-Time job, list number of hours per week:	Starting Pay:		Ending Pay:				
Month	Year	Month	Year	Years	Months		\$		\$				
							Commission / Bonus Pay		Commission / Bonus Pay				
							\$		\$				
Reasons for leaving or considering leaving (please explain in detail):						Resigned <input type="checkbox"/>		Terminated <input type="checkbox"/>					
Describe duties in detail:													

3. Employer:						Address:							
Official Job Title:						Supervisor's Name & Title:						Phone Number:	
From Month Year		Dates Employed To Month Year		Total Years Months		If Part-Time job, list number of hours per week:	Starting Pay: \$ _____ per _____		Ending Pay: \$ _____ per _____				
							Commission / Bonus Pay \$ _____ per _____		Commission / Bonus Pay \$ _____ per _____				
Reasons for leaving or considering leaving (please explain in detail):										Resigned <input type="checkbox"/>		Terminated <input type="checkbox"/>	

Describe duties in detail:

4. Employer:						Address:							
Official Job Title:						Supervisor's Name & Title:						Phone Number:	
From Month Year		Dates Employed To Month Year		Total Years Months		If Part-Time job, list number of hours per week:	Starting Pay: \$ _____ per _____		Ending Pay: \$ _____ per _____				
							Commission / Bonus Pay \$ _____ per _____		Commission / Bonus Pay \$ _____ per _____				
Reasons for leaving or considering leaving (please explain in detail):										Resigned <input type="checkbox"/>		Terminated <input type="checkbox"/>	

Describe duties in detail:

Please attach additional pages if necessary

Why do you feel that you are qualified for this position? _____

SKILLS

List any special skills, certifications or abilities (i.e. computer software knowledge, equipment or job related concepts) that you possess.

Description:
Description:
Description:
Description:

PERSONAL / PROFESSIONAL REFERENCES

Name:	Address:	Telephone Number:
Name:	Address:	Telephone Number:
Name:	Address:	Telephone Number:

WORK AVAILABILITY

Date available for work:

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Applicant Name

Date

Applicant's Signature

Date of Interview