

EMPLOYMENT HISTORY: LIST BELOW PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER

NAME & TELEPHONE NUMBER OF EMPLOYER	DATE OF EMPLOYMENT	POSITION	REASON FOR LEAVING
	FROM TO		
	FROM TO		
	FROM TO		

REFERENCES: LIST BELOW TWO PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE

NAME (FIRST AND LAST)	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

PLEASE READ EACH SECTION CAREFULLY AND SIGN WHERE INDICATED

I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK AND HEREBY AUTHORIZE FACILITY MASTERS TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORDS, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO FACILITY MASTERS ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE FACILITY MASTERS, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND FACILITY MASTERS. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR FACILITY MASTERS, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON FACILITY MASTERS UNLESS MADE IN WRITING AND SIGNED BY ME AND FACILITY MASTERS DESIGNATED REPRESENTATIVE.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

INTERVIEWED BY: _____ DATE: _____

SUPERVISOR: _____

JOB SITE: _____

POSITION: _____ START DATE: _____

RATE: \$ _____ HOURS PER DAY: _____ DAYS PER WEEK: _____

CIRCLE DAYS: _____ SUN MON TUE WED THU FRI SAT

WORK HOURS (START / END): _____

(PAYROLL USE ONLY) EMPLOYEE # _____