



**Work Experience:** List Last or Current Employer First  
 Date Complete Name and Address  
 From (mm/yy) : To (mm/yy) Of Employer  
 1. To

Date Available for Work:  
 Position Salary Reason for Leaving

2. To

3. To

4. To

**Emergency Contact:**

Name Address City ST Zip Phone #

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that nothing contained in this employment application or in the granting or an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. In consideration of my employment, i agree to conform to the company's rules and regulations. I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice , at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make my agreement contrary to the foregoing.

Signature \_\_\_\_\_ Digitally Signed? Date:

This Company is an equal opportunity employer.

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

Interviewed by: Date:

Remarks:

Neatness:

Ability:

Hired: Yes No If yes, Position: Dept:

Starting Salary/Wage: Start Date:

Approved: 1. 2. 3.  
 Employment Manager Department Head General Manager