



**EMPLOYMENT** – Start with present or most recent employer. Include additional sheets if necessary.

(Month/Year) From:                      To:		Employers' COMPLETE Name	
Business Type		Employer's COMPLETE Address	
Part time	Full time	Internship	
Position Title and Duties (Describe in detail.)			
		Salary: Starting	Final
Supervisor's Name and Title		Supervisor's Phone Number	Reason for leaving

(Month/Year) From:                      To:		Employers' COMPLETE Name	
Business Type		Employer's COMPLETE Address	
Part time	Full time	Internship	
Position Title and Duties (Describe in detail.)			
		Salary: Starting	Final
Supervisor's Name and Title		Supervisor's Phone Number	Reason for leaving

**REFERENCES:**

Full Name:	Contact Information:
Full Name:	Contact Information:
Full Name:	Contact Information:

## APPLICATION FOR EMPLOYMENT

I hereby consent as a condition of employment to a test for drug use, at the discretion of the Company which will be exercised in accord with applicable law and labor contract. I understand that an adverse result may preclude employment or be the basis for discharge. \_\_\_\_\_ (initial)

### IMPORTANT!

As part of the application process, all applicants under 18 years of age are required to submit along with their completed application an Employment Certificate or Transferrable Work Permit. Minors should contact their local school district for instructions.

### CERTIFICATIONS

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, information, and belief. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_