



## EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	
Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
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Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	PER	

## COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Specialized Skills

### Check Skills/Equipment Operated

<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Computer	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Publisher	_____	_____

**State any additional information you feel may be helpful to us in considering your application.**

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### Indicate any foreign languages you can speak, read, or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

### References

List name and telephone number three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

PLEASE READ CAREFULLY

I CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION AND IN ANY OTHER SUPPORTING DOCUMENTATION, RESUME, ETC. IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION, WILLFUL OR NEGLIGENT MISREPRESENTATION, OR FAILURE TO DISCLOSE ANY REQUESTED INFORMATION WILL CONSTITUTE SUFFICIENT GROUNDS FOR FIRST CARE TO TERMINATE MY EMPLOYMENT WITHOUT NOTICE. I FURTHER UNDERSTAND THAT FIRST CARE WILL PERFORM A PRE-EMPLOYMENT INVESTIGATION TO DETERMINE MY SUITABILITY FOR EMPLOYMENT AND I AUTHORIZE FIRST CARE TO SECURE THE INFORMATION NECESSARY TO MAKE A DECISION. I FURTHER UNDERSTAND THAT FIRST CARE WILL ADHERE TO APPLICABLE STATE AND FEDERAL STATUTES CONCERNING THE SECURING OF INFORMATION, HANDLING, UTILIZATION, AND RELEASE OF INFORMATION OBTAINED IN THE PRE-EMPLOYMENT INVESTIGATION. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I UNDERSTAND THAT I MAY HAVE TO PASS A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT 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.

I UNDERSTAND IT IS THIS COMPANY'S POLICY 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 ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

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

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks _____ _____	
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____
Job Title	_____
Hourly Rate/Salary	_____
Department	_____
By	_____
NAME AND TITLE	DATE

NOTES \_\_\_\_\_  
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