Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes ____ No ____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME		YOUR POSITION and TITLE	
FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
/				
MO. YR.				
	CITY STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		¢	\$	
		\$	\$	
ТО	TELEPHONE NUMBER	TERMINATION	REASON	
/	() UVOLUNTARY			
MO. YR.				
		□ INVOLUNTAR	Y	
	BRIEFLY DESCRIBE YOUR MAJOR DUT	ΓΙΕ <u>S</u> AND <u>REASON(S</u>	S) FOR TERMINATION	

	COMPANY NAME		YOUR POSITION and TITLE	
FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
/ MO. YR.				
	CITY STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
ТО	TELEPHONE NUMBER	TERMINATION	REASON	
$\frac{/}{MO. YR.}$	()	□ VOLUNTARY		
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	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S		5) FOR TERMINATION	

	COMPANY NAME		YOUR POSITION and TITLE	
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FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
/				
MO. YR.				
	CITY STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
		I		
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
		φ	φ	
ТО	TELEPHONE NUMBER	TERMINATION	REASON	
_				
/		□ VOLUNTARY		
MO. YR.				
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

	COMPANY NAME		YOUR POSITION and TITLE	
FROM	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
$\frac{/}{\text{MO. YR.}}$				
	CITY STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
ТО	TELEPHONE NUMBER	TERMINATION	REASON	
MO. YR.	() UVULUNTARY			
		Y		
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM	ТО	HOW DID YOU SPEND THIS TIME?
/	/	
	<i>I</i>	
FROM	ТО	HOW DID YOU SPEND THIS TIME?
/	/	
<i>I</i>	/	

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy, and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend, or modify, abridge, or change any benefit, policy practice, condition or process affecting its employees.

<u>References</u>: I hereby authorize the company and its agents to make such investigations and inquire into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

<u>Temporary/Contract Employment</u>: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I

be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____

DATE: _____