



EMPLOYMENT APPLICATION

Date: _____

NAME (Last, First): _____ SOCIAL SECURITY #: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

POSITION DESIRED: _____ DATE YOU CAN START: _____ DESIRED SALARY: _____

PREVIOUS EMPLOYMENT EXPERIENCE:

DATE:	EMPLOYER:	LOCATION:	POSITION:	REASON FOR LEAVING:

AUTHORIZATION:

- "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."
- "I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."
- "I also understand and agree that no representative of the company has any authority to enter in to any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."
- "This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or Health Insurance Portability and Accountability Act (HIPAA) and other relevant federal and state laws."

SIGNATURE: _____

DATE: _____