



## EDUCATION

School Name	Address	Circle Year Completed	Did You Graduate	Diploma or Degree
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT RECORD

Please list your employers beginning with the current or most recent:

Company Name, Address, & Phone	Date		Job Title	Salary		Supervisor's Name & Title	Reason for Leaving
	Start	End		Start	End		

### AGREEMENT AND CERTIFICATION

I hereby authorize the Company to make investigations of my person, employment and other related matters as may be necessary at arriving at an employment decision or verifying the information related to my application. I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that before a final offer of employment is made I will be required, and I agree to undergo, testing for the illegal use of drugs and/or alcohol. I understand that a confirmed positive test result will disqualify me from employment by the Company.

I also understand and agree that the Company has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

If I am employed by the Company, I understand that my employment is at-will and for no definite period of time. Either the Company or I may terminate my employment at any time, with or without reason and with or without notice. I further understand that my employment is at-will regardless of any statement made by an employee or agent of the Company or in any policy, program, practice, handbook, or any other written or oral materials of the company. I further understand that I should not rely upon any oral or written statement, policy, practice, program or handbook to my detriment. I understand that no employee or agent of the Company has any authority to make any agreements with me concerning the duration of my employment.

My signature below constitutes full acceptance of this employment application in its entirety and certifies that all the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

