

References:

Give below the Names of Three Persons Not Related to You, Whom You have Known at Least 1 year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

PHYSICAL RECORD

Do you have any physical condition, which may limit your ability to perform the job for which you are being considered?

Yes___ No___ I yes explan:_____

In case of Emergency Notify:_____

Name Address

phone

Have you ever been arrested or convicted of a crime? ___yes ___no if yes explan:_____

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 authorized investigation of all statements contained herein and the references listed above to give you any and any information concerning my previous employment and any pertinent information than may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date:_____ Signature:_____

For office only:

Interviewed by:_____ Hired?_____ Positon:_____ Salary:_____

Responsibilities:

Does applicant need: Medical Insurance:_____ Dental Insurance?_____ 401K_____

