

MILITARY SERVICE

ARE YOU A VETERAN? YES NO _____ IF YES, GIVE THE DATE OF SERVICE _____ TO _____

LIST ANY OTHER EXPERIENCE OR SKILLS THAT ARE RELEVANT TO THE POSITION THAT YOU ARE APPLYING _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH/AND YEAR	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER	HOURLY RATE OR WEEKLY SALARY		POSITION	REASON FOR LEAVING
				BEGINNING	ENDING		
FROM _____ TO _____							
FROM _____ TO _____							
FROM _____ TO _____							
FROM _____ TO _____							

REFERENCES: BELOW LIST NAMES OF THREE PERSONS

NAME	ADDRESS	TYPE OF BUSINESS	PHONE #	LENGTH OF TIME KNOWING THIS PERSON

IN CASE OF EMERGENCY, PERSON TO NOTIFY _____ TELEPHONE NO. _____
 ADDRESS _____
STREET CITY STATE ZIP

By ticking of this box I give you permission to withhold \$15.00 from my first wage check for a background check. I understand that this payment will be returned to me if the background check is clean and I complete my probationary period of 90 days without incident.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that you will take a tip credit permitted by federal law, if I am a tipped employee and my wages are less minimal wage. Further I understand and agree that my employment is for no definite period, regardless of the date of payment of wages or salary and I may terminate my employment at any time with any previous notice, and that the company has a similar right.

DATE _____ SIGNATURE _____