

EMPLOYMENT HISTORY

May we contact your present employer for a reference check? _____ Yes _____ No

LIST MOST RECENT EMPLOYMENT FIRST

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties					
Reason for Leaving (Explain):					

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties					
Reason for Leaving (Explain):					

Name of Employer	Address Street	City	State	Zip	Date Started
Your Position		Name of Immediate Supervisor/Telephone			Date Left
Description of Duties					
Reason for Leaving (Explain):					

The facility is an equal opportunity employer. The facility does not discriminate in employment on the basis of age, sex, gender identity, gender expression, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, domestic violence victim status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances.

APPLICANT STATEMENT

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and I understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal. I hereby authorize the Company and/or its affiliates to obtain reference information about me and release all persons from liability for providing that information.

If hired, I agree to abide by all facility rules and regulations and understand that, if employed, my employment may be terminated with or without cause, liability or notice, at any time, at the option of either the facility or me. I also understand that no representation, whether oral or written, by any representative or agent of the facility, at any time, can constitute a contract of employment. I understand that the facility and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the facility, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by a corporate officer of the facility.

I understand any offer of employment is contingent upon my successful completion of the facility's lawful pre-employment checks. I agree to execute any consent forms necessary for the facility to conduct its lawful pre-employment checks.

I understand that employment with the facility is contingent upon my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: _____