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

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**NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER**

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|                              |                                 |      |                      |       |      |
|------------------------------|---------------------------------|------|----------------------|-------|------|
| STARTING DATE                |                                 |      | LEAVING DATE         |       |      |
|                              | MONTH                           | YEAR |                      | MONTH | YEAR |
| WEEKLY STARTING SALARY       |                                 |      | WEEKLY ENDING SALARY |       |      |
| JOB TITLE                    | MAY WE CONTACT YOUR SUPERVISOR? |      |                      |       |      |
| NAME AND TITLE OF SUPERVISOR | PHONE NO.                       |      |                      |       |      |
| DESCRIPTION OF WORK          |                                 |      |                      |       |      |
| REASON FOR LEAVING           |                                 |      |                      |       |      |

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**NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER**

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|                              |                                 |      |                      |       |      |
|------------------------------|---------------------------------|------|----------------------|-------|------|
| STARTING DATE                |                                 |      | LEAVING DATE         |       |      |
|                              | MONTH                           | YEAR |                      | MONTH | YEAR |
| WEEKLY STARTING SALARY       |                                 |      | WEEKLY ENDING SALARY |       |      |
| JOB TITLE                    | MAY WE CONTACT YOUR SUPERVISOR? |      |                      |       |      |
| NAME AND TITLE OF SUPERVISOR | PHONE NO.                       |      |                      |       |      |
| DESCRIPTION OF WORK          |                                 |      |                      |       |      |
| REASON FOR LEAVING           |                                 |      |                      |       |      |

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**NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER**

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|                              |                                 |      |                      |       |      |
|------------------------------|---------------------------------|------|----------------------|-------|------|
| STARTING DATE                |                                 |      | LEAVING DATE         |       |      |
|                              | MONTH                           | YEAR |                      | MONTH | YEAR |
| WEEKLY STARTING SALARY       |                                 |      | WEEKLY ENDING SALARY |       |      |
| JOB TITLE                    | MAY WE CONTACT YOUR SUPERVISOR? |      |                      |       |      |
| NAME AND TITLE OF SUPERVISOR | PHONE NO.                       |      |                      |       |      |
| DESCRIPTION OF WORK          |                                 |      |                      |       |      |
| REASON FOR LEAVING           |                                 |      |                      |       |      |

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**REFERENCES:** GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

| NAME | ADDRESS | BUSINESS | YEARS AQUAINTED |
|------|---------|----------|-----------------|
| 1.   |         |          |                 |
| 2.   |         |          |                 |
| 3.   |         |          |                 |

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**SERVICE RECORD:**

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|                               |                 |
|-------------------------------|-----------------|
| BRANCH OF SERVICE             | DISCHARGE DATE  |
|                               | RANK            |
| PRESENT MEMBERSHIP            | DATE            |
| IN NATIONAL GUARD OR RESERVES | OBLIGATION ENDS |

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## **AUTHORIZATION:**

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"I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

DATE

SIGNATURE

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