

EMPLOYMENT HISTORY

Start with your present or most recent position and work back.

May we contact your present employer? Yes No

Company Name: _____	Company Name: _____	Company Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Contact: _____	Contact: _____	Contact: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Date: _____ to _____	Date: _____ to _____	Date: _____ to _____
Pay Rate: _____	Pay Rate: _____	Pay Rate: _____
Position: _____	Position: _____	Position: _____
Description/Skills: _____	Description/Skills: _____	Description/Skills: _____
_____	_____	_____
Reason for Leaving: _____	Reason for Leaving: _____	Reason for Leaving: _____
_____	_____	_____

REFERENCES: Please list the names of 3 business/professional references unrelated to you, whom you have known for over a year. If you have no previous employment related references, list those whom can comment on your work skills/record.

Name/ Position	Address & Phone #	Company Name	Year(s) Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CAREFULLY READ & SIGN IF YOU AGREE TO THESE TERMS OF EMPLOYMENT:

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state and federal law; this policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records, and I release them from all liability for damage in providing this information. I also authorize and request federal, state and local governmental agencies to release to F&M any information requested concerning criminal convictions on my record. I agree to submit to screenings permitted by law before and during my employment by a health care professional, at the request and expense of F&M. I agree to disclose completely all information lawfully requested about my physical and mental condition and medical history. I also agree I will cooperate in such lawful medical tests as F&M requests to check for drugs and alcohol in my system or for any other physical condition. I waive and release and promise not to make claims against F&M relating to any such testing or for lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I certify that all statements herein are true and understand that failure to reveal any prior employer or giving false or misleading information by me will be grounds for termination of employment. I understand the company's policy is not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature: _____ Date: _____

FOR COMPANY USE ONLY

Interviewer: _____	Date: _____
Comments: _____	
Hired: _____	Starting Date: _____
Department: _____	Salary: _____