



\*BEGIN WITH THE MOST RECENT JOB. FOR PART-TIME WORK, SHOW THE AVERAGE NUMBER OF HOURS PER MONTH. YOU MAY ALSO ATTACH A SEPARATE SHEET (EXAMPLE: RESUME) WITH ADDITIONAL INFORMATION.

EMPLOYER:	LOCATION: (NUMBERED STREET)	
YOUR TITLE:	CITY, STATE, ZIP	
YOUR DUTIES:	NAME OF SUPERVISOR:	
	RATE OF PAY:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)
	REASON FOR LEAVING:	

EMPLOYER:	LOCATION: (NUMBERED STREET)	
YOUR TITLE:	CITY, STATE, ZIP	
YOUR DUTIES:	NAME OF SUPERVISOR:	
	RATE OF PAY:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)
	REASON FOR LEAVING:	

EMPLOYER:	LOCATION: (NUMBERED STREET)	
YOUR TITLE:	CITY, STATE, ZIP	
YOUR DUTIES:	NAME OF SUPERVISOR:	
	RATE OF PAY:	
	FROM: (MONTH & YEAR)	TO: (MONTH & YEAR)
	REASON FOR LEAVING:	

MAY WE COMMUNICATE WITH YOUR PAST AND / OR PRESENT EMPLOYER? YES? NO?

**PROFESSIONAL REFERENCES, SUCH AS CO-WORKERS, PLEASE DO NOT INCLUDE RELATIVES.**

NAME:	PHONE	PLACE OF WORK:
NAME:	PHONE	PLACE OF WORK:
NAME:	PHONE	PLACE OF WORK:

*PLEASE READ THE STATEMENT BELOW AND SIGN*

**"THIS ORGANIZATION DOES NOT DISCRIMINATE IN HIRING ON BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR YOUR MEMBERSHIP IN ANY PROTECTED CLASS PROTECTED UNDER LAW OF THIS JURISDICTION. THIS APPLICATION DOES NOT INTEND TO ASK QUESTIONS THAT WOULD PROVIDE INFORMATION THAT COULD BE USED FOR DISCRIMINATION. YOUR APPLICATION WILL BE GIVEN APPROPRIATE CONSIDERATION; HOWEVER, COMPLETING THIS APPLICATION DOES NOT IMPLY YOU WILL BE OFFERED EMPLOYMENT. BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR ANY INFORMATION GAINED OR DISCUSSED DURING THE INTERVIEW PROCESS CREATES AN EMPLOYMENT CONTRACT BETWEEN YOU AND THIS ORGANIZATION. SHOULD THIS APPLICATION AND THE PROCESS SURROUNDING THIS APPLICATION RESULT IN YOUR EMPLOYMENT, YOU HAVE THE RIGHT TO TERMINATE YOUR EMPLOYMENT AT ANY TIME AND FOR ANY REASON. LIKEWISE, THIS ORGANIZATION RESERVES THE RIGHT TO TERMINATE YOUR EMPLOYMENT AT ANY TIME AND FOR ANY REASON. MOREOVER, YOU UNDERSTAND NO PERSON OF THIS ORGANIZATION WITH THE EXCEPTION OF AN AUTHORIZED EMPLOYEE OF THE HUMAN RESOURCES DEPARTMENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH YOU FOR ANY SPECIFIED PERIOD OF TIME OR TO GUARANTEE ANY OTHER PERSONAL BENEFIT. THIS INCLUDES ANY STATEMENTS OR GUARANTEES MADE PRIOR TO YOUR APPLICATION OR AFTER YOU ARE EMPLOYED."**

**"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 AUTHORIZE MILAEGER'S INC TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION AND THE REFERENCES FROM EMPLOYERS AND OR CO-WORKERS LISTED ABOVE, CONCERNING MY PREVIOUS WORK HISTORY AND ANY APPROPRIATE INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION."**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_